

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

TO THE

CARDIGANSHIRE EDUCATION COMMITTEE

FOR THE YEAR 1919.

By L. MEREDITH DAVIES,

M.A., M.D. B.Ch. (Oxon), D.P.H. (Oxon), M.R.C.S.
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MR. CHAIRMAN, LADIES AND GENTLEMEN,—

I have the honour to present the Annual Report on the Medical Inspection of School Children for the year ended 31st December, 1919.

The work of the schools was hindered by the Epidemic of Influenza which resulted in the closure of all departments.

I wish to thank the District Medical Officers of Health and the Headteachers for their co-operation in the prevention of Infectious Disease.

I have made my report as short as possible, as requested by the Authorities.

A Summary of the Education Act 1918 and suggestions as to the carrying out of the Scheme will be found at the end of the Report.

I have the honour to be,

Ladies and Gentlemen,

Your obedient servant,

L. MEREDITH DAVIES.

Introduction.

The County is divided by a range of hills into Inland and Seaboard districts.

There are one hundred and seven schools with one hundred and fourteen departments.

The School Medical Service consists of :—

1. School Medical Officer, who is also County Medical Officer.
2. Four whole-time school nurses.
3. Six part-time school nurses.

Number of children examined during the year.

	Girls.	Boys.	Total
Entrants	382	427	809
Between 8-9 years... ..	479	452	931
12 years old and Leavers	649	617	1266
Special Cases	98	89	187
Totals	1608	1585	3193

There were no re-examinations as there had been no Medical Inspection for the preceeding 2-3 years.

Invitations to Parents.

The parents of all children are invited to attend the Medical Inspection. During the year the parents of 653 children were present at the inspection.

Results of Medical Inspection.

CLOTHING AND FOOTGEAR.—This item of Medical Inspection is filled in by the headteacher. Three children were reported to have unsatisfactory clothes and one child having unsatisfactory footgear.

The clothing as found at the time of Medical Inspection, is on the whole satisfactory. The parents having been informed, prepare for the Inspection by a special cleaning up. The school medical officer has, therefore, no idea of the general condition of the clothes of the children during the rest of the year.

UNCLEANLINESS. HEAD —Thirty-six girls and 1 boy were found with Nits on the Hair. Fourteen girls and 2 boys were found with Pediculi Capitis.

BODY.—Seventeen girls and 5 boys were found with dirty bodies, mostly with fleas, and vermin.

The same applies to uncleanliness as to condition of clothes. A general cleaning up occurs before the Medical Inspection.

Girls suffer from nits and pediculi more than boys. *All girls should have their hair parted at the back and dressed in two plaits.*

Although the facilities in the County for bathing are limited, there is no excuse for not using soap and water.

Some children own up to not having bathed for months.

The children play their games in their ordinary clothes and do not wash. The result is the department of fat and dirt on the body.

The supervision of the cleanliness of the children should be the duty of the school teachers.

Although all the schools are provided with Lavatory Basins, yet few children are compelled to wash before partaking of the midday meal.

Nits, Fleas, and Vermin are easily conveyed from child to child. In order to protect the clean child, measures should be taken to see that all children are clean. This should be the duty of the teachers.

No provision has been made for baths in any of the Schools in the County.

NUTRITION.—Twenty-seven girls and 2 boys were found ill-nourished. These figures are comparative. The general physique of the majority of the children is very poor.

This I consider is due to :—

1. Insufficient Food
2. Condition of the Houses.
3. Ignorance of the elements of Public Health and Hygiene.

I have dealt fully with the matter in the Report on School Meals.

TONSILS AND ADENOIDS.—Breathing exercises and sneezing drills are a great preventive to the enlargement of Tonsils and Adenoids.

Whether these exercises are of use in eradicating the Tonsils and Adenoids when chronically hypertrophised is very doubtful.

The effects of hypertrophised Adenoids on the health of the children is exceedingly harmful. Children with Adenoids are generally dull and backward, anæmic, and undersized.

Tonsils, which are enlarged are very easily infected with Infectious Organisms, including, in my opinion, the organism of Tuberculosis.

For these reasons I strongly advise the removal of much enlarged Tonsils and Adenoids.

In order to remove Tonsils effectually I advise enucleation.

The following children were found suffering from enlarged Tonsils and Adenoids :—

	Group 1.		Group 2.		Group 3.		Specials .		Total.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Tonsils slightly enlarged ...	48	49	66	62	58	78	2	3	174	192
Tonsils much enlarged ...	70	54	54	78	89	90	11	19	224	241
Adenoids slightly enlarged ...	53	48	75	63	69	88	2	7	199	206
Adenoids much enlarged ...	62	51	44	74	77	83	11	17	194	225

NUMBER OF ENLARGED TONSILS AND ADENOIDS IN EACH DISTRICT.

	Tonsils slightly enlarged.		Tonsils much enlarged.		Adenoids slightly enlarged.		Adenoids much enlarged.		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Aberystwyth ...	50	44	68	86	73	60	38	56	229	241
Aberayron ...	27	39	46	37	27	35	46	44	146	155
Cardigan	15	20	15	32	15	26	14	33	59	111
Llandyssul ...	38	36	39	32	39	32	38	33	154	133
Tregaron ...	29	42	27	43	29	42	29	39	114	184
Lampeter ...	17	11	30	16	16	11	29	20	92	58

Notices of defect were sent to all those children suffering from much enlarged Tonsils and Adenoids.

27 Parents applied for treatment at the Aberystwyth Infirmary.

21 Children were treated.

11 Children received free treatment.

9 Children did not receive free treatment.

1 Child received treatment at reduced fee.

6 Children did not attend for treatment.

PALPABLE GLANDS.—Palpable Glands are partly due to enlarged tonsils, decayed teeth, dirty heads and septis.

The danger of palpable glands becoming enlarged and either becoming tubercular or forming abscesses, must not be too lightly considered.

Three hundred and nine boys 316 girls suffered from palpable glands. The treatment of palpable glands is to treat the cause.

EXTERNAL EYE DISEASE.

12 Boys and 15 girls suffered from Blepharitis.

4 Boys and 3 girls suffered from Conjunctivitis.

1 Boy suffered from Corneae Opacities.

7 Boys and 7 girls suffered from other diseases, e.g., Styas, Cysts, etc.

EAR DISEASES.

4 Boys had obstruction in right and left ears.

3 Girls had obstruction in the right ear.

4 Girls had obstruction in the left ear.

4 Boys and 4 girls suffered from Chronic Otterrhœa.

The obstruction in the case of these children was due to wax.

Insufficient attention is paid to Otorrhœa by the parents. Medical advice should be sought immediately any discharge from the ear occurs.

TEETH.—The provision of a school Dentist is urgently needed in this County.

Out of a total of 3,193 children inspected only 418 had perfect teeth and did not need dental treatment.

	Group 1.		Group 2.		Group 3.		Special cases.		Total.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1-4 teeth decayed	102	90	73	103	262	266	4	2	441	461
Above 4 teeth decayed ...	263	246	341	361	283	348	11	20	898	975

The care of the teeth is of great importance in the health of the children.

I have suggested to the Committee the advisability of including the cleansing of teeth in the Routine of the School day.

HEART AND CIRCULATION.

14 Boys and 7 girls had Organic Heart Disease.

6 Boys and 11 girls suffered from Anæmia.

2 Boys and 4 girls suffered from other diseases of the heart.

The procedure in the case of children suffering from organic heart trouble is hard to decide. Advice is given to the child, parent and teacher reexertion, etc. The question has to be decided whether the child should attend school or no. In my opinion children suffering from organic heart disease should not be pressed to attend.

LUNGS AND TUBERCULOSIS.—The following children were found defective during the medical inspection :—

Chronic Bronchitis	...	27 boys and 26 girls
Pulmonary Tuberculosis	...	7 boys and 5 girls
Suspected Pulmonary Tuberculosis		44 boys and 33 girls
Non-Pulmonary Tuberculosis (Glands, Bones and Joints)	...	17 boys and 16 girls
Other forms ...	...	1 boy and 1 girl.

In all, 129 cases were referred to the Tuberculosis Officer. The results of the examination by the Tuberculosis Officer are as follows :—

District.	Number referred by S.M.O.	Number seen by Tuberculous Officer.	Positive.		?Tuberculosis and Pending Diagnoses.	Not Active.	Arrested.	Non-Tubercular.	Not seen by Tuber- culous Officer.
			Pulmonary.	Non-pulmonary					
Aberystwyth Urban ..	25	17	2	4	3	5	1	3	8
Aberystwyth North Rural	14	7	..	2	1	2	..	1	7
Aberystwyth South Rural	8	3	1	..	..	..	..	2	5
New Quay Urban ..	2	1	..	..	1	..	..	..	1
Cardigan Urban ..	12	11	2	..	2	..	1	4	1
Cardigan Rural ..	4	..	..	..	..	..	..	..	4
Lampeter Urban ..	5	3	1	1	2	..	..	1	2
Lampeter Rural ..	12	5	1	1	..	..	..	1	7
Llandyssul Rural ..	12	6	2	2	..	..	..	3	6
Tregaron Rural ..	19	9	2	2	1	1	2	1	10
Aberayron Urban ..	3	1	..	..	..	..	..	1	2
Aberayron Rural ..	8	3	2	..	..	..	..	1	5

NERVOUS DISEASES.—The following children were found suffering from :—

1. Epilepsy ...	...	1 Boy and 5 Girls
2. Chorea ...	...	1 Boy and 1 Girl
3. Other Disease	...	3 Boys and 3 Girls

Children found suffering from Epilepsy should be sent to a Special School.

Epileptic children cannot be pressed in their work and often have a bad effect on the other children. They are often mentally defective.

SKIN DISEASES.

1. One boy was suffering from Ringworm of the Body.
2. Seven boys were suffering from Ringworm of the Head.
3. Nine boys and 3 girls were suffering from Impetigo.
4. Fifteen boys and 13 girls were suffering from other Skin Diseases.

Ringworm is often very difficult to cure by the ordinary treatment.

The present and most successful method of treating Ringworm is by X Ray. One application of the X Ray is sufficient. I advise the Committee to purchase one X Ray plant.

Amongst the other diseases found were two cases of Ichthyosis Hystrix gravior.

RICKETS.—One hundred and thirty nine Deformities amongst boys and 52 Deformities amongst girls were due to Rickets.

These deformities mostly occurred in the chest.

Rickets is a disease due to a lack of essential food. The result is the softening of the bones of the body.

I regret to state that the old custom of slitting the lobe of the ear as a cure for Rickets still exists in some districts in the County.

The old habit of winding binders round the chest compresses the bones, and in the cases of Rickets, malformation of the chest is the result.

DEFORMITIES.—Sixty-seven boys and 37 girls suffered from Deformities. These deformities include old cases of Infantile Paralysis, Curvature of Spine, etc.

Those children who suffered from deformities due to Infantile Paralysis were offered treatment, but this was refused.

DEFECTIVE SPEECH.—Sixteen girls and 8 boys were reported by the head-teachers as suffering from defective speech. In very many cases this would be remedied by the treatment of Tonsils and Adenoids.

DULL AND BACKWARD.—One hundred and eighteen boys and 94 girls were reported as being dull and backward.

This figure is in all probability incorrect from the point of Mental Capacity. In many cases children with defective eyesight are reported as dull, who would not be so if their eyes were treated.

In the Aberystwyth Council (Boys) School, the head-teacher is testing the children for Mental Capacity.

The results up to date show a remarkable number who are backward and below their proper Mental Age.

Special classes should be arranged in the schools where practicable for the children who are dull and backward.

MENTAL DEFECTIVE AND EPILEPTICS,—Thirteen cases of Mental Defectives and Epileptics were reported and investigated. Six boys and 8 girls.

Two children are Imbeciles.

One child was sent to a special school, but later was reported as unsuitable.

The difficulty in obtaining admission for children into special schools makes it imperative for the Counties of Mid-Wales to combine and form a joint institution.

EYES.—Hundred and fifteen children were examined by the Ophthalmic Surgeon. Of these :—

Seventy-five were routine cases

Forty were re-examinations.

Thirty-seven cases received free treatment.

The re-examination cases were done free of cost.

The following table shows the complete result of Medical Inspection for this year :—

Disease.	Group 1.		Group 2.		Group 3.		Special Cases.		Total.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Number Inspected ..	427	382	452	479	617	649	89	98	1585	1608
CLOTHING.										
Satisfactory ..	418	382	443	478	608	648	89	97	1588	1605
Unsatisfactory ..	9	0	9	1	9	1	0	1	27	3
FOOTGEAR.										
Satisfactory ..	427	382	452	478	617	649	89	98	1585	1607
Unsatisfactory ..	0	0	0	1	0	0	0	0	0	1
CONDITION OF HEAD										
Clean ..	427	379	452	462	616	629	87	90	1582	1558
Nits only ..	0	4	0	12	0	17	1	3	1	36
Pediculi ..	0	1	0	5	1	3	1	5	2	14
CONDITION OF BODY.										
Satisfactory ..	427	381	450	473	614	644	89	93	1580	1591
Unsatisfactory ..	0	1	2	6	3	5	0	5	5	17
NUTRITION.										
Normal ..	418	377	443	470	608	640	89	96	1558	1583
Below Normal ..	9	5	9	9	9	9	0	2	27	25
NOSE AND THROAT.										
Tonsils slightly en-										
[larg'd	48	49	66	62	58	78	2	3	174	192
Ton'ls much e'larg'd	70	54	54	78	89	90	11	19	224	241
Slight Adenoids ..	53	48	75	63	69	88	2	7	139	206
Marked Adenoids ..	62	51	44	74	77	83	11	17	194	225
GLANDS.										
Palpable ..	107	77	107	134	94	100	1	5	309	316
EXTERNAL EYE DIS-										
EASE.										
Blepharitis ..	0	1	5	3	5	9	2	2	12	15
Conjunctivitis ..	1	0	0	1	1	1	2	1	4	3
Cornæa Opacities ..	0	0	0	0	1	0	0	0	1	0
Other Diseases ..	3	0	1	0	3	1	3	6	7	7
EAR DISEASE.										
Obstruction R. Ear	2	1	0	0	2	1	0	1	4	3
Obstruction L. Ear	2	2	0	0	2	1	0	1	4	4
Otorrhœa ..	0	0	1	1	0	0	3	3	4	4
TEETH.										
Sound ..	62	46	38	15	72	35	74	76	246	172
Less than 4 decayed	102	90	73	103	262	266	4	2	441	461
More than 4 decayed	263	246	341	361	283	348	11	20	898	975

Disease.	Group 1.		Group 2.		Group 3.		Special Cases.		Total.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
HEART & CIRCULATION										
No Disease ..	426	380	444	472	607	643	86	91	1563	1586
Organic Disease ..	0	1	5	4	7	2	2	0	14	7
Anæmia ..	1	1	2	1	2	3	1	6	6	11
Other Disease ..	0	0	1	2	1	1	0	1	2	4
LUNGS.										
Chronic Bronchitis	11	11	8	8	5	5	3	2	27	25
Tuberculosis ..	0	0	0	0	4	3	3	2	7	5
Tuberculosis Suspected	6	4	12	7	13	12	13	10	44	33
NERVOUS DISEASE.										
No defect ..	427	382	451	479	616	644	85	92	1580	1597
Epilepsy ..	0	0	0	0	0	1	1	4	1	5
Chorea ..	0	0	0	9	0	1	1	0	1	1
Other disease ..	0	0	1	0	1	3	2	2	3	5
SKIN.										
No disease ..	421	379	441	473	606	643	85	97	1553	1592
Ringworm Body ..	0	0	0	0	1	0	0	0	1	0
Ringworm Head ..	3	0	1	0	2	0	1	0	7	0
Impetigo ..	1	2	3	1	2	0	3	0	9	3
Other disease ..	2	1	7	5	6	6	0	1	15	13
RICKETS.										
No deformity	393	368	412	455	556	637	85	96	1446	1556
Deformity	34	14	40	24	61	12	4	2	139	52
DEFORMITIES.										
No deformity	409	373	431	471	592	634	86	93	1518	1571
Deformity present	18	9	21	8	25	15	3	5	67	37
NON-PULMONARY [TUBERCULOSIS.]										
No disease	425	380	549	473	607	645	86	93	1567	1591
Glands, Bones, Joints	2	2	3	6	9	4	3	4	17	16
Other Forms	0	0	0	0	1	0	0	1	1	1
SPEECH.										
No defect ..	427	382	449	477	605	646	88	95	1569	1600
Defective ..	0	0	3	2	12	3	1	3	16	8
MENTAL CONDITION.										
Normal.. ..	410	369	416	447	551	597	85	98	1462	1511
Dull and Backward	17	13	36	31	65	50	0	0	118	94
Mentally Defective	0	0	0	1	1	2	4	0	5	3

Disease.	Group 1.		Group 2.		Group 3.		Special Cases.		Total.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
VISION.										
6/9 Right Eye	16	4	13	19	14	33	1	3	44	59
Left Eye ..	12	16	15	16	14	35	3	1	44	68
6/12 Right	2	3	6	5	9	8	2	7	19	23
Left ..	0	2	6	5	10	8	4	3	20	18
6/18 Right	3	3	5	10	6	15	2	2	16	30
Left ..	3	4	10	12	11	11	1	5	25	32
6/24 Right	2	0	7	9	8	12	4	0	21	21
Left ..	1	0	3	8	7	10	3	0	14	18
6/36 Right	1	0	1	6	4	5	3	4	9	15
Left ..	0	0	4	3	4	9	2	4	10	16
Squint ..	3	2	3	5	5	7	3	6	14	20

SCHOOL BUILDINGS.—The majority of schools need recolouring. Owing to the War, the condition of the buildings has not been attended to. Many buildings need repairs which if attended to at first, would have been small.

THE DESKS.—In many schools these are of the old type, that is, long desks with no support for the back. It is essential for the health of the children that the desks should be as comfortable as possible.

PLAYGROUNDS.—The playgrounds are, in many instances, very muddy, and need draining and asphalt.

WATER SUPPLY.—Several schools in the country districts have inadequate water-supplies.

LAVATORY BASINS.—Although washing basins have been placed in the majority of schools, in many cases no soap, towels or water are available. It should be the duty of the head-teacher to see that these requisites are always present.

OFFICES.—I regret to state that even at the present time middens and privies are still present in some of the schools. I would suggest that the use of buckets and earth closets be introduced where Water Closets are not available.

DISPOSAL OF SEWAGE.—The arrangements for the disposal of fæces and urine are inadequate. Every bucket should be emptied and cleaned at least once a week. In some instances the sewage is emptied in the proximity of the schools.

I would suggest that:—

1. Buckets be used, in lieu of Middens and Privies.
2. That the buckets be emptied at least once a week.
3. That some disinfectant be used and placed in the buckets regularly.
4. That the arrangements be made for the disposal of the sewage.

SCHOOL CLOSURES.—The following is a list School Closures due to Infectious Disease during the year:—

School.	No. of days closed.	Reason for Closure.	By whom Closed.
Aberffrwd Cr. ..	14	Influenza	Sch'l Med. Officer
Brynherbert Cr. ..	8	"	" " "
Cofadail Cr. ..	10	"	" " "
Llanrhystyd C. of E. ..	28	"	" " "
Brongest Cr. ...	17	"	District M. Officer
Bryn Cr. . . .	10	"	School M. Officer
Goginian Cr. ..	14	"	" " "
Cwmpadarn Infants Cr. ..	4	Coughs and Colds	" " "
Llanfair Cr. ..	16	Influenza	" " "
New Quay Cr. ..	26	Diphtheria	District M. Officer
Clarach C. of E. ..	3	Scarlet fever	" " "
Llanddeiniol C. of E. ..	4	Illness of Headteacher	School Managers
Trefilan C. of E. ..	14	Influenza	School M. Officer
" " " "	10	Scarlet Fever	School Managers
Scuborycoed Cr. ..	9	"	" " "
" " " "	9	Whooping Cough	" " "
Pontgarreg Cr. .	4	Influenza	Medical O. He'lth
Llandyssul C. of E. ..	26	"	" " "
Llangoedmore C. of E. ..	18	Influenza & Diphtheria	" " "
Llandyssul Cr. ..	7	Influenza	" " "
Llandygwyd C. of E. ..	14	"	" " "
Aberporth C. of E. ..	9	"	" " "
Llechryd Cr. ..	14	"	District M. Officer
Aberporth Cr. ..	4	"	School Managers
Chancery C.L. ..	16	"	School M. Officer
Tregroes Cr. ...	4	"	Medical O. He'lth
St. David's Cr. ..	20	"	District M. Officer
Swyddfynon Cr. ..	10	"	School M. Officer
Gartheli Cr. ..	20	"	District M. Officer
Llwyndafydd Cr. ..	8	"	" " "
Trisant Cr. . .	4	"	School M. Officer
Pontshaen Cr. ..	30	"	District M. Officer
Ponterwyd Cr. ..	6	Coughs and Colds	School M. Officer
" " " "	14	Mumps	District M. Officer
Cross Inn S.O. ..	10	Cerebro Spinal Fever	" " "

School.	No. of days closed.	Reason for Closure.	By whom Closed.
Gwenlli Cr. ..	5	Coughs and Colds	District M. Officer
Penrhyncoch C. of E. ..	6	Whooping Cough	" " "
" " " ..	33	" " "	" " "
Penuwch Cr. ..	6	Sore Throats	" " "
Cribyn Cr. ..	10	Diphtheria	" " "
Newcourt Cr. ..	20	Scarlet Fever	" " "
Glynarthen Cr. ..	14	Influenza	" " "
Tregaron Nat. I. ..	21	"	" " "
Blaencarron Cr. ..	20	"	" " "
Llanddewibrefi Cr. ..	20	"	" " "
Bettws Bledrws C. of E. ..	10	"	School M. Officer
Llangeithio Cr. ..	14	"	" " "
Trefeurig Cr. ..	10	Influenza and Whooping [Cough]	" " "
Devil's Bridge Cr. ..	8	Influenza	School M. Officer
Rhydypennau Cr. ..	10	Whooping Cough & Scarlet [Fever]	District M. Officer
" " " ..	11	Coughs and Colds	School M. Officer
Blaenporth C. of E. ..	10	Influenza	" " "
Penmorfa Cr. ..	19	"	" " "
Trewen Cr. ..	4	Coughs and Colds	" " "
Penllwyn Cr. ..	5	Colds	" " "
" " " ..	10	"	District M. Officer
Blaenau Cr. ..	8	Influenza	School M. Officer
Gors Cr. ..	15	"	" " "
" " " ..	5	Coughs and Colds	" " "
Capel Sion Cr. ..	20	Influenza	" " "
Capel Cynnon Cr. ..	15	"	" " "
Dihewid Cr. ..	17	Mumps	District M. Officer
Gwenlli Cr. ..	24	Influenza	" " "
Cilcennin Cr. ..	10	Mumps	" " "
Cribyn Cr. ..	16	Coughs and Colds	" " "
Cross Inn (Llabon) ..	6	Influenza	" " "
Penlone Cr. ..	14	"	" " "
Talgarreg Cr. ..	14	Coughs and Colds	" " "
" " " ..	3	Influenza	" " "
Felinfach Cr. ..	15	Mumps	" " "
Borth C. of E. ..	21	Measles	" " "
Llancynfelin Cr. ..	8	Influenza	" " "
Talybont Cr. ..	25	Whooping Cough and [Measles]	" " "
" " " ..	28	Measles	" " "
Brongest Cr. ..	30	Scarlet Fever	" " "
Llancynfelin Cr. ..	17	Measles	" " "

WORK DONE BY SCHOOL NURSES DURING THE YEAR.—The following is a report of the work carried out by the School Nurses who devote half-time to Infant Welfare Work and half to School Nursing :—

Total number of visits made in connection with school-nursing.	...	...	...	...	728
Total number of visits to schools...			...	...	327
Total number of visits to school children at home				...	281
Number of first visits	...	...	...	...	242
Number of re-visits...	...	...	...	...	39
Number of School Medical Inspections attended with the School Medical Officer	...	...	...	...	117
Number of visits to Clinics with Ophthalmic Surgeon				...	3

SCHOOL CLEANING.—Dry dusting and brushing is still the common practice of the schools of the County. The result of dry cleaning is that the dust is moved from one part of the room and deposited in another.

In some schools, the caretaker cleans the schools a very short time before the school commences, the result being that the Scholars inhale the dust which conveys the organisms of disease.

Dry cleaning and dusting should be discontinued. The schools are scrubbed with soap and water once a quarter.

I would suggest that :—

1. No dry cleaning and brushing be allowed in the schools.
2. That a liquid disinfectant be supplied to each school for use before brushing.
3. That the floors be scrubbed at least once a month.

KNOWLEDGE OF PUBLIC HEALTH.—Public Health and Hygiene receive very little attention in the majority of schools.

The knowledge of the elements of Public Health even by the headteachers is negligible.

I would suggest that Public Health and Hygiene be taught in all the schools as part of the School Routine.

In order to carry this out every headteacher appointed should produce evidence of having received instruction in the subject.

It is mostly by means of education that one can hope to improve the deplorable condition which exists.

SCHOOL ATTENDANCE.—The problem of School Attendance, as it refers to the School Nurse and the Attendance is referred to the Appendix.

The following is an account of the **Education Scheme 1918** as it effects the School Medical Department, together with suggestions for carrying it out.

1. ORGANISATION OF PHYSICAL TRAINING.—The aims of physical training are :—

1. The development of the muscular system and body in order to attain the highest degree of fitness.
2. The influence on the development on the brain.

In order that physical training might be taught efficiently in the schools, a whole-time organiser of Physical Training should be employed.

The candidate should have been properly qualified at one of the approved colleges, *e g.* Dartford, and have special experience in the training of teachers.

The duties should include the visitation of all the schools and instructing both the Master and children in Swedish Drill and Physical Culture. If possible some arrangement might be made with the University College of Wales, Aberystwyth, so that the Instructor may be partly employed by the County and partly by the University.

A neighbouring County has just engaged a whole-time Physical Instructor at a salary of £200 per annum exclusive of travelling.

2. DRYING ROOM.—Some provision should be made in every school for drying the clothes of the children. More especially is this the case in the country schools, where children have several miles to walk in the morning before reaching school.

In schools which have central heating by means of hot water pipes, the drying of clothes should be simple.

Rooms leading out of the cloakroom would be the most adaptable. The hot water pipes could be spread round the room and increased in number so that the clothes could be dried on them.

In the schools which have no central heating, a room with one or two large fires could be utilized, the clothes being placed on drying horse, round the fires.

It is essential that children bring a change of clothes or at least a change of stockings and shoes to be kept at the school.

3. DINING ROOMS.—Special Dining Rooms in the schools of this County are, in my opinion, not feasible. In the town schools the children all return home for their meals. The number of children attending country schools would not justify the provision of a special dining room. A large classroom could be used and trestle tables kept for the purpose of school meals. The meals should be served in an orderly fashion, with tablecloth and proper cutlery on the table. Teachers and Monitors should be appointed to superintend the meals.

EVENING PLAY CENTRES.—The provision of playing fields would be a great asset to the schools in the larger towns, *e.g.* Aberystwyth, Cardigan, Aberayron, Lampeter, Newcastle Emlyn, Tregaron, and Llandysul. Arrangements might be made with the Town Councils.

In the country schools, the need is not so great. These playing centres should be provided with a pavilion, containing Baths, the requisites for games such as football and cricket, and which can be used as a gymnasium and for physical culture. By providing these playing centres, the children are kept off the street and in the open air where they can take sufficient exercise.

The organization of games out of school hours may be done by the masters, or if unwilling, by voluntary helpers.

Properly organised games are as essential for the welfare of the child as the work in school.

SUGGESTION:—I would suggest that sites be acquired for these playing fields and that properly organised games be instituted. Each school should be provided with baths. In some schools the spray bath would be practicable.

SELECTION OF SCHOOL FURNITURE.—In the past insufficient attention has been paid to the desks and furniture of the schools. Any seat used for any length of time is injurious, as the muscles used in supporting the individual in the erect position get fatigued after continuous use, and the result is the collapse and slouching of the body.

Desks which are too high cause curvature of the spine, while high seats cause varicose veins by pressure on the thigh. Desks which are too low cause cramped position to be taken up, and so an abnormal development of abdominal and respiratory organs and curvature of spine. For these and many other reasons great care should be taken in choosing desks for different children.

The proper proportions for a desk and seat are as follows. The seat should be of such a height that the feet rest on the floor. Its depth should be about two-thirds of the length of the thigh. It should slope slightly backward, and the back of the seat should slope slightly backward and upwards.

The desk should be of such a height that the arm rests on it while the elbow is at the side. The desk should slope at an angle of 15 degrees to bring the vision of it to about right angle.

RELATION OF SEAT AND DESK.—The back edge of the desk should slightly overlap the seat. The seat and desk should be movable so that the child might be able to stand in position.

A COMPARISON OF DESKS — The old, long and fixed desks and seats with no backs are an abomination. The dual desks with moveable seats are a great improvement. The ideal is the single desk and seat not fixed together, so that the child might be comfortable, and sit in a restful position. The drawback to this type of desk and seat is the space taken up by them.

SUGGESTION.—In choosing the desks and seats, the size, not the age of the child should be taken into consideration. Adjustable dual desks are the most practicable in the ordinary schools at the present time.

In the Infants' Departments and in Nursery Schools, separate tables and chairs are the only satisfactory furniture.

I regret that there are still many long desks in the schools of this County. These are in the country schools and are the cast off furniture of the town schools.

PENCILS —The common practice of distributing pencils *en masse* is most unhealthy, the result being that different children have different pencils each day. To obviate this, lockers should be provided where each child might keep its pencil, copy-book, and school books, eating utensils, and tooth-brush.

SUGGESTION.—That lockers be provided.

LIGHTING.—It is of great importance to the eyesight of the children that the lighting should be efficient.

There are two means of illumination :—

1. Natural illumination from the sun.
2. Artificial Lighting.

NATURAL ILLUMINATION.—The lighting of a school during the day depends upon the size and position of the windows.

It is important that the windows should be of sufficient size. The proportion of window space to floor should be about one in five. The best position for window lighting should be in the South East, since the morning sun light is thus afforded.

Windows in the South West do not receive any sun until noon. The windows should be large, reaching up as high as possible. The windows for ventilation should reach six feet from the floor.

Wide mullions should be avoided in order to prevent shadows being thrown on the desks. The desks should be placed so that the light comes from the left. If the light is placed to the right or behind, shadows are formed by the arm of each child. Should windows throw light from the right, care should be taken that the light does not overcome the light from the left. To avoid this, the windows on the right may be built higher or dulled window glass may be inserted.

The object of building windows high is to throw light on the ceiling which would reflect the light to dark corners of the room. To increase reflection of light, the walls and ceiling should be coloured white or a light colour.

ARTIFICIAL LIGHTING.—The best means of Artificial lighting is electricity.

The reasons are :—

- (a). No foul gases formed.
- (b). No injury to walls and ceiling.
- (c). Light can be distributed easily round room.
- (d). Better lighting.

GAS.—Gas is harmful both because of the poisonous fumes formed by combustion and the injury caused to walls etc.

OIL.—Oil gives off less harmful gases of combustion than gas, but its use in large schools is not recommended owing to the risk of fire.

For these reasons artificial lights for schools come in the following order:—

1. Electricity.
2. Gas.
3. Oil.

SUGGESTION.—Windows to be large and placed in South East with light from left. Windows which throw light from front or right to be glazed.

SCHOOL MEDICAL SERVICE.—The present school Medical Staff consists of the following : School Medical Officer, who is also County Medical Officer of Health, and four full-time Health Visitors.

Under the new Education Act provision has to be made for the Medical Inspection and treatment of:—

1. Elementary Schools.
2. Secondary Schools.
3. Continuation Schools.
4. Other types of Schools.

The following are approximately the number of children who will need medical inspection when continuation schools are formed:—

Elementary Schools,	age 5 — 12 years		5600
Secondary Schools,	„ 12 — 18 „		1000
Continuation Schools	„ 12 — 14 „	1500	
	„ 14 — 16 „	1500	
	„ 16 — 18 „	1500	4500
Total,			11100

I propose dealing with the Medical Inspection of the three types of schools mentioned above together.

In the past only elementary schools have been medically inspected. The following groups of children have been inspected :—

- (a). Entrants, 5 years.
- (b). Children between 8 and 9 years.
- (c). Children over 12 years and leaving school.
- (d). Re-examination cases (those found defective at last inspection).
- (e). Special cases, including Mentally defectives.

The following are the average numbers medically examined during the years 1911-14.

ROUTINE INSPECTION.

Under 6.	6-12 years.	Total	Grand Total.
Girls, 399	Girls, 574	Girls, 973	
Boys, 408	Boys, 604	Boys, 1012	1985

SPECIAL CASES.—Boys, 82 Girls, 108 Total, 190.

DEFECTIVES WHO WOULD BE RE-EXAMINED THE FOLLOWING YEAR.

Boys, 781 Girls, 766 Total 1547.

Approximate total children Medically Examined at present, 3722

SUGGESTION.—With the formation of Continuation Schools and the inclusion of Secondary Schools, I suggest the following as the method of routine inspection.

ELEMENTARY SCHOOLS.

FIVE YEARS OLD AND NURSERY SCHOOLS.—The children at this age to be examined for any defect but not in a routine manner, as it is not possible to examine with any degree of certainty at this age.

ROUTINE INSPECTION.—at 7 years, 10 years, and 12 or 13 years.

CONTINUATION SCHOOLS.—The children attending these schools, aged 12-18 years will be medically examined every year, but not in routine manner.

SECONDARY SCHOOLS.—The children attending these schools, age 12-18 years will be medically examined every year, but not in routine manner. It is presumed that all children who attend the latter schools will have passed through the elementary schools. The Medical Inspection card will be passed on from the elementary schools to the secondary schools where another card will be used. In this way the Medical History of the school life of the child will be complete.

NUMBERS TO BE EXAMINED EACH YEAR.

ELEMENTARY SCHOOLS.—Presuming that an equal number of children are present in each age group, the number of each group will be approximately 900, so that the numbers to be examined each year will be :—

At 5 years	...	900	
At 7 years	...	900	
At 10 years	...	900	
At 12 years	...	900	Total, 3600.

In addition to these there will be approximately 2000 cases for Special and Re-examination, making a **Grand Total of 5,600.**

CONTINUATION SCHOOLS

At 12-14 years	...	1500	
At 14-16 years	...	1500	
At 16-18 years	...	1500	Total, 4500.

SECONDARY SCHOOLS.—12-18 years,—1000.

Approximate number to be examined each year, 11,000.

OTHER SCHOOLS.—All other schools may apply for Medical Inspection. This would be done as for Continuation and Secondary Schools.

THE STAFF of the School Medical Service, even for the present medical inspection is quite inadequate. With the addition of approximately 7,000 children to be examined, it will be infinitely more so. In considering the staff, one has to consider the doctor and the nurses.

DOCTORS.—There are two alternatives to be adopted in the employment of school doctors :—

1. Full time assistants.
2. Part-time medical practitioners.

If (1) is adopted, at least two assistants, one of which should be a woman, to carry out the work. The salary should be at least £500 per annum, with expenses.

The advantages of whole-time assistants are :—

1. They can act as assistant Medical Officers of Health, attending to Maternity and Child Welfare Centres, Inspection of Midwives, Mentally Deficients, etc.
2. Only Medical Practitioners may be employed who have had special experience in Eye and Nose and Throat work, and X Ray treatment of Ringworm.
3. They will be giving their full time to the service of the County.

If (2) is adopted, local medical men, possibly district medical officers will be employed at a salary corresponding to the number of schools in the District. It has been suggested that the results of different medical men carrying out medical inspection differ. This may be true to a very small degree, but with the Routine Card provided there will be no appreciable difference between the inspection by twelve medical practitioners and inspection by one.

The part-time Medical Officer of Health will not be able to pay all the attention necessary to his work as assistant school Medical Officer. He may not be acquainted with the X Ray treatment of Ringworm, the Refraction of Eyes, etc.

SUGGESTION.—Two whole-time assistants should be appointed, of whom one should be a woman.

NURSING.—At present four whole-time nurses are employed by the County Council and Education Authority. In addition to this, grants are paid to local nursing associations for the employment of their nurses as part-time School Nurses and Health Visitors.

It is hoped by this means to encourage different localities to form Nursing Associations. The Cardiganshire sub-committee of the

South Wales Nursing Association have already met and mapped out areas for nursing associations, so that a nurse will be within a distance of 3-4 miles of almost every house in the County.

When these different localities have started their nursing associations, there will be no lack of school nurses.

At the present time, the County is paying grants to seven nursing associations in the county, the cost being £290 per annum, of which 50% is refunded by the Local Government Board and Board of Education. For this sum, there are eleven part-time Health Visitors and School Nurses at the service of the county.

When the difficult nature of the County, and the sparsely populated districts are taken into consideration, the employment of part-time school nurses is very satisfactory. Should the different localities form their nursing associations, it would only be necessary to employ two whole-time School Nurses and Health Visitors, who would act as Superintendents. If a sufficient number of whole-time nurses were employed instead of the nursing associations, the cost to the County would be considerable.

THE DUTIES OF THE SCHOOL NURSE.

1. Attendance with the School Medical Officer at school inspection.
2. Following up at the home and school, children found defective, to see that advice is given and treatment carried out.
3. Periodical visits to the schools to examine children with special reference to dirty heads, bodies, and ringworm.
4. Examination of school buildings, etc.
5. Following up children suffering from Tuberculosis, and cases of Infectious disease.

The Nurses will work under the supervision of the School Medical Officer.

The *Procedure for School Medical Inspection* will be as follows :—

All arrangements will be made through the office of the school medical officer.

ELEMENTARY SCHOOLS.—Cards will be supplied from the office. The ordinary Routine Card is as follows: Blue, Boy; White, Girl.

Section 1. will be filled in for a child of 5 years and nursery schools.

„ 2.	„	„	7 years	„	„
„ 3.	„	„	10 „	„	„
„ 4.	„	„	12 „	„	„

SPECIAL CARDS.—Yellow.

RE-EXAMINATION CARDS.—Pink.

MENTALLY DEFICIENT.—Special forms recognised by the Board of Education.

Some time before School Medical Inspection, forms will be sent to the head teacher asking for the number of cards required.

1. Number of Routine Cards (a) Boys, (b) Girls.
2. „ „ Special Cards.
3. „ „ Re-examination Cards.
4. „ „ Mentally Defective Forms.
5. „ „ (a) Invitation Cards, (b) Personal History Cards.

On receipt of this form at the office, the required cards will be sent on to the head teacher, who will then fill in the following items on the Routine Cards, 1-6, 14, 15 and 16, and, on the opposite side of card, Particulars of age, Name and address, etc., and personal history, with special reference to Tuberculosis.

On the Special cards he will fill in particulars of name and address, age, by whom referred for inspection and reason.

On the re-examination card, name and address, age, etc., and defect.

On mentally deficient forms he will fill in requisite particulars, i.e., 1 & 2.

Personal history cards will be sent by the headteacher to the parents for them to complete and return to him.

At least three days before the intended inspection the head-teacher will be informed of the time and date of arrival of the doctor. On receipt of this notice, the headteacher will fill in date and time of inspection on the Invitation Cards, and send them by the children to the parents.

The head-teacher will make the following preparations for the doctor :—

1. Prepare a classroom and have a fire ready.
2. Supply two clean towels, soap, hot and cold water.
3. Supply washing bowl and small water glass.
4. Supply pen and ink and blotting paper.
5. He will also arrange for an assistant to help to dress and undress the children.

On the completion of the inspection, the doctor will return the cards to the office, and at the end of the year, after the preparation of the Annual Report, the cards will be returned to the headteacher who will file them until medical inspection later.

When a child leaves school, the head-teacher will write on the card ‘ Left School, gone to Continuation or Secondary School.’

SECONDARY AND CONTINUATION SCHOOLS :—As has already been suggested, the medical inspection in the above schools will not be done in a routine manner.

Every child, will, however, be thoroughly examined each year and the observations filled in on the card provided.

The cards will be drawn up to the following plan.

CARDIGAN EDUCATION COMMITTEE.

Continuation or Secondary School.

Name.....

Address.....

Date of Birth.....

Date.	Observations of School Doctor.	Signature of Doctor.

The back of the card will be duplicate of the front, so there will be room for six examinations. Blue cards will be used for the boys and white for the girls.

The same procedure will be followed as in Elementary Schools with the exception that there will be no special or re-examination cards. The notice will ask for :—

The number of New cards, (a) boys ; (b) girls.

The number of Invitation cards.

The number of personal history cards.

Number of mentally defectives.

The headteacher will fill in particulars as explained above.

Attached to the child's card will be the child's medical inspection card while at the elementary school.

FOLLOWING UP.—The following up of the defective school children will be done by the school nurses. Immediately the inspection of a school is completed and the cards returned to the office, a list of defective children will be sent to the school nurse.

The school nurse will follow up the children at the home and at school, and offer advice and see that treatment is carried out.

The names will be filled into the school book provided by this office, and all particulars completed, and First Visit Cards will be filled in and sent to this office.

The following is a copy of a page of the school-book used by the nurse :—

CARDIGAN EDUCATION COMMITTEE.

Report of School Nurse on Visits to Children.

1st Visit.	Reference number.....
Name.....	
Address	
School.....	
Object of Visit.....	
Number of Adults in house.....Children.....	
Father's occupation	
Mother's occupation.....	
Condition of house.....	
Number of Rooms.....	
Beds..... Yard.....	
Water Supply..... Closet.....	
Condition of child.....	
Condition of other Children.....	
Treatment.....	
Remarks.....	
School Nurse.....	Centre.....

The first Visit cards will be the same.

Re-visit cards will be filled into the school book, and re-visit cards filled in. The following is a copy of the School re-visit card :—

CARDIGAN EDUCATION COMMITTEE.

Re-visit Card.

Name _____ Date of Birth _____

Address _____ School _____

Date of Visit _____

Date of last Visit _____ Reference No _____

Defect _____

Action taken, if any _____

Remarks _____

The card will be sent to this office and filed with the first visit card.

The nurses will leave pamphlets with instructions for treatment on her visit. The nurse will also visit the school periodically to look for defective children, and special attention will be paid to dirty heads, etc., a record of all such cases being entered into her book, and a first visit card sent to the office. Re-visits will be made, and the book filled, and re-visit card will be sent to the office, when it will be filed with the first visit card.

TUBERCULOSIS CASES.—Visits and re-visits to Tuberculosis cases will be filled into the Tuberculosis Record Book provided, and also into the Tuberculoses cards, which will be sent to this office. In the case of re-visits, the number of the re-visit will be filled under the date. Pamphlet re Tuberculosis will be left at the home of the patient.

INFECTIOUS DISEASE.—On being informed of the existence of any infectious disease, the School Nurse will fill in particulars into the School Book and fill in 1st visit and re-visit cards as above.

SCHOOL BUILDINGS.—The school nurse will fill in the card re the school building and return it to this office once a quarter. The following is a copy :—

.....School

EXTERNAL.	INTERNAL.
Building	Ventilation
Playground	Heating
Water Supply	Lighting
Lavatory Accommodation	Desks
Offices	Other Observations

Date.....

TREATMENT.—Before suggesting means of treatment of defective school children, I would like to impress upon the Committee the great advantages of Free Treatment. Free treatment encourages all parents to have their children attended to.

The difficulty of collecting money for treatment is enormous. People who are able to afford treatment will in all probability get the children treated by their family doctor without any persuasion.

DENTAL TREATMENT.—I have already suggested to the Education Committee the advisability of setting aside two or three minutes of the school hours for the cleansing of the teeth under the supervision of the headteacher. Tooth-brushes should be supplied at small cost to the Authority, and kept by each child in his locker at school.

I beg to submit the following scheme for dental treatment:—

DENTAL CARRIES.

Disease of the teeth is caused chiefly by the uncleanness of the mouth produced by modern food. Soft palpy food requires little or no chewing, and leaves the mouth dirty and liable to disease. Food should be of such a kind as to give the jaws and teeth thorough exercise. The acidity produced by the fermentation of some foods in the mouth causes the dissolution of the teeth substances, and this, with the germs in the mouth causes decay.

TO PREVENT DENTAL DECAY.

Foods requiring mastication develop the jaws, and clean the mouth naturally.

Fruit taken the last thing at night keep the mouth clean. Eating of sweets and eating between meals should be avoided.

The teeth should be cleaned regularly, night and morning, and should be examined and treated from the age of six years. At this age the permanent teeth first begin to come through. Although the permanent teeth do not come through the gums till after the age of 6 years, yet they are developing in the bone of the jaw from birth. The importance of looking after the first, or milk teeth, in order that the permanent teeth may be healthy, is therefore obvious. New teeth developing in a mouth which already contains septic milk teeth have little chance of developing in a healthy manner.

Great care is taken in most homes that the food is unadulterated by germs, etc., yet the teeth of the children are allowed to become carious or decayed and full of germs. The mouth is the gateway of the body, therefore great care should be taken that the mouth is kept clean and wholesome.

The effects of bad teeth on the constitution are too numerous to recount in detail. Amongst the most important are:—

- (1). Indigestion caused by insufficient mastication of the food, and the constant swallowing of harmful germs.
- (2). Wasting, through insufficiency of digested food.
- (3). Enlarged tonsils and adenoids are caused to some extent by unhealthy teeth.
- (4). Enlarged glands which tend to become tuberculous are constantly caused by septic teeth.
- (5). Sore throats, anæmia, headaches, etc., are other effects of septic teeth.

It has been estimated that 50 per cent. of childish ailments are due to insufficient care of the teeth. For this reason it will be seen that the care of the teeth is essential to good health.

In this county the number of school children examined in 1914 and 1915 are as follows:—

In 1914, out of 1,884 children examined, 1,271 needed dental treatment, *i.e.*, 67·4 per cent.

In 1915, out of 2,046 children examined, 1,892 needed treatment, *i.e.*, 92·4 per cent.

PRINCIPLES OF DENTAL TREATMENT.

In considering the question of dental treatment, the Education Committee should consider first those children whose teeth are in the best condition, and secondly those whose teeth are in bad condition.

The basis of the treatment should be conservative dentistry, that is, stopping the teeth and re-examination at intervals, in order to keep the teeth in a healthy condition.

BASIS OF A SATISFACTORY DENTAL SCHEME, ACCORDING TO THE ANNUAL REPORT OF THE BOARD OF EDUCATION FOR 1912.

1. The arrangements, including the keeping of records, should be under the control of the School Medical Officer under whom the School Dentist works.

2. Dental Inspection by Qualified Dentists.

3. A complete record should be kept of all examinations, and treatment carried out.

4. Attention should be concentrated at first on children at the age of 6—8 years, which is the critical age, when the permanent teeth begin to break through.

5. The treatment should be conservative in character, that is, filling and re-examination rather than extraction.

6. A School Nurse should be present to assist the Dentist.

7. Re-examination of treated children should be carried out at an interval of a year and supplementary treatment done if necessary.

8. The accommodation for Dental Clinic should include (1) Operating-room; (2) Waiting-room; (3) Rinsing-room.

The very scattered nature of this county, together with the limited railroad accomodation, makes it very difficult to cover the whole of the county.

I would suggest as a working basis of a Dental Scheme the following :—

INSPECTION.

Inspection of teeth should be systematic and carried out in a routine manner by a whole time qualified Dental Surgeon. The inspection should be done at the several schools in a classroom or cloakroom.

METHOD OF PROCEDURE.

The Head Teacher should be notified of the inspection some weeks before, and a sufficient number of Inspection Cards sent. The Teachers fill in these Cards as far as possible. At a time arranged, the School Dentist visits the school with the necessary instruments, antiseptics, etc.

After inspection the completed cards are forwarded to the School Medical Officer at the Central Office. Invitations for treatment and notices are sent out to the parents, and a list sent to teachers and Health Visitors who must see that treatment is adopted.

When a sufficient number of applications for treatment have been received, a date is arranged for the treatment and notices sent out with particulars.

GROUPS OF CHILDREN TO BE INSPECTED.

1. The inspection should commence with the children of 6—8 years old, the critical age, when the permanent teeth begin to break through the gums.

2. Re-examination of the above cases and also of special cases pointed out by the Head Teacher or pupils.

TREATMENT.

The treatment is of two kinds : (1) Conservative ; (2) Immediate. The former is to be adopted as far as possible, *i.e.*, the teeth should be preserved by :—

- (1). Practice of cleanliness of the mouth. I would suggest that a few minutes be spent during the interval of school hours for the cleansing of teeth.
- (2). Detention of dental decay at the earliest possible moment by systematic inspection.
- (3). The arrest of dental decay by prompt treatment (stopping or filling); judicious extraction being of course not precluded.
- (4). Re-examination at intervals to maintain a healthy set of teeth.

IMMEDIATE TREATMENT.

This refers to the extraction of decayed teeth. This should only be adopted judiciously.

The arrangements for school dental inspection falls into four categories :—

- (1). School Dental Clinics.
- (2). Travelling Dental Caravans.
- (3). Small centres visited by peripatetic school dentist.
- (4). Various forms of constant practice.

Of these I would recommend No. 1 (School Clinic). A Main Permanent Dental Clinic properly fitted should be established at the Dental Surgeon's Headquarters. It should consist of :—

1, Operating room ; 2, Waiting room ; 3, Recovery room.

The cost of fittings for this School Clinic would be about £50 (pre-war price).

The Clinic should preferably be in connection with the Child Welfare Centre.

Besides this permanent centre, temporary centres would be set up at the Child Welfare Clinics already established.

Cloakrooms and lavatories and classrooms in schools.

Students who are in the neighbourhood should meet the School Dentist either at the permanent centre or at the Child Welfare Centre.

Those students attending schools at far distance from the Centres should be met by the School Dentist.

For treatment in these temporary centres, a portable apparatus is necessary as part of the School Dentist's equipment. These are made by various firms, and fold up into very small space. The cost of this equipment would not be considerable.

ANÆSTHESIA.

The Assistant S.M.O. would arrange with the Dentist for giving anæsthetics.

TRAVELLING.

It has been found by experience in other rural counties that a motor conveyance of some kind is necessary for a school district. This is especially the case in this county where the railroad service is so very limited. I would suggest for this purpose either a small car or a motor cycle and box side car suitable for carrying the dental equipment. This should be provided by and should be the property of the County Education Committee.

PAYMENTS.

Certain Education Committees have arranged 1s. per head as the fee for dental treatment. This has proved a failure, as in most cases the arrangement is for an average amount of 6d., 3d., 2d., or even 1d. The trouble and expense involved in collecting these small amounts would not be worth while. Besides this, it is necessary to give the parents some incentive and encouragement to have their children treated.

SCHOOL DENTIST.

The School Dentist should be a fully qualified Dental Surgeon, and his work should be whole time. The salary offered should be sufficient to encourage the application of competent dentists. A neighbouring county has advertised for a Dental Surgeon at £400 per annum and travelling expenses.

RECOMMENDATIONS.

That the Cardiganshire Education Committee should :—

- (1). Appoint a full time qualified Dentist at a salary of £400 per annum and travelling expenses.
- (2). That advertisements be put in the *Lancet* and *British Medical Journal* for applicants.
- (3). The Dental Surgeon and his work should be under the supervision and control of the School Medical Officer.
- (4). That: (a) A Permanent Clinic be established at Aberystwyth; (b) Temporary Clinics at Cardigan, Lampeter, Newcastle Emlyn, Aberayron, Tregaron, and Llandyssul.
- (5). That estimates be asked for: (a) Portable Dental Apparatus; (b) Fixed Dental Apparatus.
- (6). That a motor conveyance be supplied to the Dental Surgeon.
- (7). That the Royal Dental Society be asked to inform Dental Surgeons in the Army of this appointment.
- (8). That a few minutes from each school day be set aside for the cleaning of teeth under the supervision of the Head-teacher.

MINOR AILMENTS AND THE FORMATION OF SCHOOL CLINICS.

Under this heading come the following:—

Ringworm, Verminous heads and bodies, Scabies, Malnutrition. Pulmonary Affections, Enlarged Glands, Injuries, Anæmia, External Diseases of the Ear, Eyes, etc.

The treatment of the above minor ailments necessitates the provision of School Clinics. These Clinics would be held in the same building as the Maternity and Child Welfare and Dental Clinics

A School Clinic is useful for two main purposes.

1. For Inspection. 2. For Treatment.

1. The Purposes of *Inspection Clinic* are:—

- (a). Fuller and further examination of children referred as a result of Medical Inspection in the Schools.

- (b). The examination of children referred in regard to fitness to attend school or to undertake Physical Exercises, etc.
- (c). The examination of candidates for admission to Special Schools, Schools for the Deaf, Blind, Mentally and Physically Defective, Open Air Schools, etc.
- (d). Supervision of children suffering from conditions as uncleanliness and ringworm.
- (e). Periodical supervision of all cases of Phthises.
- (f). The inspection of children who have suffered from infectious and contagious diseases, and of contacts prior to their return to school.

2. *The Treatment Clinic* arises naturally out of, and is held on the same premises as the Inspection Clinic. The defects most suitable for treatment at School Clinics are limited to minor ailments, uncleanliness, ringworm, and other common skin diseases of children, defective eyesight, or hearing, some external affections of the eyes or ears, and various temporary conditions of the mouth, nose, and throat, defective teeth.

A Scheme has already been presented by me to the County Council which includes the establishment of Maternity and Child Welfare Centres at Aberayron, Cardigan, Aberystwyth, Lampeter, Tregaron, and Newcastle Emlyn. Should this Scheme be adopted, these same centres could be used as school clinics. These Clinics at the above six places will cover the whole of the Rural Districts. Later, I hope more centres will be formed, so as to cover the whole county. Each centre should consist of three rooms with the necessary apparatus, and should be used as a school clinic at times when not in use as Maternity and Child Welfare Clinics.

A bath should be placed in each Clinic for the treatment of scabies, uncleanliness, etc.

On the borders of the County, *e.g.*, Cardigan, Lampeter, etc., arrangements might be made for combination with the adjoining counties for School Centres.

SUGGESTION.—That School Clinics be formed.

Now that the Maternity and Child Welfare Clinics have been approved, the cost to the Education Committee would be exceedingly small :—

One-half the rent, £20—£30, £10—£15. .

„ salary of Caretaker, at £40—£20.

Salary of School Medical Officer at £20—£20.

Light and Coal £10.

Drugs, etc., £5.

Cost of one Clinic—£65 per annum.

Cost of six Clinics—£390 per annum.

50 per cent. refunded by Board of Education. Cost to the Education Committee, £195 per annum.

TONSILS AND ADENOIDS.—At present Enlarged Tonsils and Adenoids are treated at the Aberystwyth Infirmary at a cost of 10s. per child.

Free treatment or reduced fees are allowed to those necessitous cases who apply to the School Medical Officer.

A new drill for Tonsils and Adenoids has just been devised. It is especially valuable in the case of young children and children with slight Adenoids. It is effective in cases of inflamed Tonsils, but the effect on Tonsils and Adenoids which are chronically enlarged is not so obvious. The drill consists of certain movements of the arms and the taking of snuff. The time taken would be about five minutes.

SUGGESTION.—On the formation of School Clinics and the appointment of Assistant School Medical Officers, the operation for removal of Tonsils and Adenoids could be done at Clinics, and that new drill be included in the school routine.

DEFECTIVE EYESIGHT.—At the present time Dr. Phillips, of Harley Street, London, is the Ophthalmic Surgeon to the Committee.

Should whole time Medical Officers be appointed, they would be able to carry out refractions and attend to defective eyesight.

SUGGESTION.—That this be done by School Medical Officers at School Clinics.

X RAY TREATMENT FOR RINGWORM.—The Infirmary at Aberystwyth is the only hospital in the County, and arrangements have been made with the Infirmary Committee for the X Ray treatment for Ringworm at 2s. 6d. per person.

On the formation of School Clinics an X Ray apparatus should be established at Lampeter or Cardigan.

An X Ray apparatus at the present time would cost about £150.

SUGGESTION.—That treatment be carried out at Clinics and X Ray plant bought.

CHILDREN SUFFERING FROM SCABIES AND VERMIN.—The treatment of these children should be done systematically at the School Clinics already referred to. At the Clinic the child would receive baths and ointment and instructions would be given by the nurse in attendance.

NOSE AND THROAT DEFECTS.—These defects should be treated at the School Clinic by the School Doctor.

ORTHOPÆDIC TREATMENT.—A careful examination of the child should be made at the School Clinic, and if the School Medical Officer is able to treat the child, he should do so. Should the child need appliances, arrangements should be made with Orthopædic Institutions, of which there are two near the County, viz., Shrewsbury and Birmingham. Arrangements should be made with these institutions for the treatment of orthopædic cases which occur in the County.

The Aberystwyth Infirmary has started an orthopædic department of discharged soldiers and sailors. Arrangements might be made with the Infirmary for treating the school cases also.

SUGGESTION.—That these cases be treated at Clinics where possible, or by arrangement with institutions.

EXPERT MEDICAL ADVICE.—In addition to the treatment mentioned above, expert medical advice should be available. I would suggest that the counties of Mid Wales appoint Specialists to cover the several counties concerned. Advice is especially necessary in respect of the following defects: Ear, nose and throat, skin disease, and eyes.

METHODS OF SUGGESTING TREATMENT AND INFORMING PARENTS OF DEFECTS.—On completion of medical inspection cards are filled in for each defective child, mentioning the defect, and advising

treatment. These cards are sent to the Head-teacher who sends them on to the parents.

In respect to Enlarged Tonsils and Adenoids and Defective Eyesight the following forms are sent out to the parents :—

1. *Enlarged Tonsils and Adenoids.*

To the Parents or Guardians of.....

Your Child has been examined at School and is found to be suffering from Enlarged Tonsils and Adenoids, for which surgical treatment is necessary.

I am instructed to inform you that the Cardiganshire Education Committee have made arrangements for the treatment of children suffering in this respect at the Aberystwyth Infirmary at a fee of 10s. Children in poor circumstances can be treated at a reduced rate or free of charge, if the Committee think their case a deserving one.

If you wish your Child treated, and are not in a position to pay for operation, please fill in the enclosed form and return it to this office. If you are able to pay the fee of 10s., kindly apply for treatment through this office, but do not use the enclosed form.

Yours faithfully,

L. MEREDITH DAVIES,
 School Medical Officer.

2. *Defective Eyesight.*

To the Parents or Guardians of.....

Your Child has been medically examined at School, and found to be suffering from Defective Eyesight.

The Education Committee have made provision for examination by a Specialist of children with defective eyesight, at a fee of 5s. each. Spectacles, if recommended, are to be provided by the parents, except that, in the case of *children in poor circumstances*, the Committee will provide examination and spectacles at a reduced fee or free of charge, subject to the Committee being satisfied as to the parents inability to pay.

I shall be glad if you will let me know per return of post whether you wish to avail yourself of the above facilities. If you wish for free treatment please fill in the enclosed form, and forward it to this office at your earliest convenience.

Yours faithfully,

L. MEREDITH DAVIES,
School Medical Officer.

The following form is enclosed with the above forms :—

To the School Medical Officer.

I would like my child.....
address
attending.....School, to receive free
treatment of

I cannot pay for the treatment myself.

(Signed).....parent
.....

Form to be filled in by those needing Free Treatment of.....
.....

£ s. d.

Weekly income of whole household ...

If separation allowance, what amount ...

Rent weekly

Insurance weekly

Fare to school and work weekly ...

Weekly income after deduction of above expenses

Number of children below 16.....

The above statement is correct.

(Signature of Parent).....

Date.....

SUPERVISION OF EMPLOYED CHILDREN.

Under the New Act, the half-time employment of children under 12 years of age is prohibited, and the employment of children over 12 years and of young persons between 14 and 18 years is closely regulated.

The Employment of Children Act, 1903, has been amended in the New Act as follows :—

A child under the age of 12 years should not be employed and a child of the age of 12 or upwards should not be employed on Sunday for more than two hours, or any day when he is required to attend school before the close of school hours on that day, nor any day before 6 a.m. or after 8 p.m.

Provided that a local authority may make any bye-law permitting with respect to such occupation as may be aforesaid, and subject to such conditions as may be necessary to safeguard the interests of the children, the employment of children of 12 years or upwards before school hours and the employment of children by their parents, but so that their employment permitted by bye-law or during school hours be limited to one hour, and that if a child is thus employed before 9 a.m. he should not be employed for more than one hour in the afternoon.

The Prevention of Cruelty to Children Act, 1914, shall be amended as follows :—

1. In paragraph (b) of section 2 which restricts the employment of boys under 14 years, and girls under 16 years, before 6 a.m. and not later than 9 p.m., 8 p.m. shall be substituted for 9 p.m.
2. In paragraph (e) of section 2 which restricts the employment of children under 11 years for the purpose of singing, playing, etc., 12 years shall be substituted for 11 years.
3. In section 3 which relates to licences for the employment of children exceeding 10 years of age, the age of 12 years shall be substituted for 10 years.
4. The holder of a licence shall at least seven days before a child takes part in any entertainment, or series of entertainments, furnish the local Education Authority of the area where the entertainment is to take place with particulars of the licence. Failing this, he is liable on conviction to a sum not exceeding £5.

No child shall be employed :—

1. In a factory or workshop to which the Factory or Workshop Acts 1901-1911 apply, or
2. In any mine to which the Mines Act, 1911, applies, or
3. In any mine or quarry to which the Metalliferous Mines Act, 1872—75, apply, unless lawfully so employed on the appointed day.

A. The Local Education Authority if they are satisfied by a report of the School Medical Officer or otherwise that a child is being employed in such a manner as to be prejudicial to his health or physical development, or to render him unfit to obtain the proper benefit from his education, may prohibit or attach such conditions as they think fit to his employment in that or any other manner, notwithstanding that the employment may be authorised under the provisions of this Act, or any other enactment.

B. It shall be the duty of the employer and the parent of any child who is in employment, if required by the Local Education Authority to furnish to the Authority such information as to his employment as the Authority may require, and if the parent or employer fails to comply with any requirements of the Local Education Authority or wilfully gives false information as to the employment, he shall be liable on summary conviction to a fine not exceeding 40s.

If any person :—

- (a). Employs a child in such a manner as to prevent the child from attending school according to the Education Act and the Bye Laws in force in the district in which the child resides, or
- (b). Having received notice of any prohibition or restriction as to the employment of a child issued by the Local Education Authority under this Act, employs a child in such a manner as to contravene the prohibition or restriction or,
- (c). Employs a young person in such a manner as to prevent the young person attending a Continuation School which he is required to attend under the Act, or

- (d). Employs a young person at any time when in pursuance of any requirement under this Act issued by any Local Education Authority, the employment of that young person must be suspended.

He shall be deemed to have employed the child or young person in contravention of the Employment of Children Act, 1903, and sub-section i., ii., or v., vi., and viii. of that Act, shall apply accordingly, as if they were herein re-enacted and therein made applicable to the children and young persons within the meaning of this Act as well as to children within the meaning of that Act.

In this Act, the expression :—

Child means any child up to the age when his parents cease to be under an obligation to cause him to receive efficient elementary instruction or to attend school under the enactments relating to elementary education and the bye-laws made thereunder.

Young Person means a person under 18 years of age who is no longer a child.

Parents in relation to a young person includes guardian and every person who is liable to maintain or has the actual custody of the young person.

The supervision of children upon being employed falls on the School Medical Department.

SUGGESTION.—In order to carry out the supervision :—

1. Model Bye Laws must be drawn up by the Education Authority.
2. All children leaving school must be notified to the School Medical Officer by the Headteacher.
3. All children employed while attending Continuation Schools must be notified by the Employer and Parent to the School Medical Officer.
4. No child may be employed unless a medical certificate has been obtained from the School Medical Officer stating that the work will not be prejudicial to the health of the child or prevent the child from receiving proper benefit from his education.
5. In order to follow up the cases, a male inspector should be appointed, who could also act as chief Attendance Officer, and report to the School Medical Officer.

DEALING WITH UNCLEANLINESS.—Power for dealing with uncleanness has been given to Local Authorities under the Children's Act 1908 :—

1. Part 2., Section 12., of the Act, Prevention of Cruelty to children and Young Persons :—

If any person over the age of 16 years, who has the custody, charge, or care of any child or young person, wilfully assaults, illtreats, neglects, abandons, or exposes such child or young person, or causes or procures such child or young person to be assaulted, illtreated, neglected, abandoned or exposed in a manner likely to cause such child or young person any unnecessary suffering or injury to health, that person shall be guilty of misdemeanour and shall be liable to a fine or imprisonment.

Neglect under this section, in my opinion, would include parents who allow their children to be verminous thereby causing, or likely to cause, illhealth.

Section 122 Children's Act, 1908 :—

1. A Local Education Authority may direct their Medical Officer or any person provided with, and if required, exhibiting the authority in writing of their Medical Officer, to examine in any Public Elementary School provided or maintained by the Authority, the person and clothing of any child attending the school, and if, on examination, the medical officer, or such authorised person as aforesaid is of opinion that the person or clothing of any such child is infected with vermin or is in a foul or filthy condition, the Local Education Authority may give notice in writing to the parent or guardian of, or the person liable to maintain the child, requiring him to cleanse properly the person and clothing of the child within 24 hours after the receipt of the notice.

2. If any person to whom any such notice as aforesaid is given, fails to comply therewith within such 24 hours, the Medical Officer, or any person provided with and if required exhibiting the authority in writing of the Medical Officer, may remove the child referred to in the notice from any such school, and may cause the person and clothing of the child to be properly cleansed in suitable premises and with suitable appliances, and may, if necessary for the purpose, without any warrant other than this section, convey to such premises and there detain the child until the cleansing is effected.

3. Where any Sanitary Authority within the District of a Local Education Authority have provided, or are entitled to the use of premises or appliances for cleansing the person or clothing of persons infected with vermin, the Sanitary Authority shall, if so required by the Local Education Authority, allow the Local Education Authority to use such premises and appliances for the purpose of this section upon such payment, if any, as may be agreed between them, or in default of agreement, settled by the Local Government Board.

4. If, after cleansing, the parent allows the child to become unclean, and to need subsequent cleansing, the parent is liable to a fine not exceeding 10s.

5. When the Education Authority give notice to the parent, instructions must be given as to the best way of effecting the cleansing.

6. The examination and cleansing of girls shall be effected by a duly qualified medical practitioner or by a woman duly authorised.

If the Children's Act, 1908, is adopted by this Authority, action may be taken under either of these sections, in the event of the parents showing neglect.

SUGGESTION.—In order to carry out the provisions of Section 122 of the Act I would suggest the following arrangements :—

1. That arrangements be made with the Local Authority or Guardians for use of disinfecting and cleansing appliances, at a fee of 5s. per case. If Clinics are formed this will be unnecessary, as the children can be cleansed at the Clinic.
2. That power be given to the School Medical Officer and to other persons working under the control of the School Medical Officer to inspect and remove the children for cleansing purposes.
3. In the case of girls, either the School Medical Officer or duly qualified medical practitioner or School Nurse be empowered to effect the cleaning.

The procedure will be as follows :—

1. When a child is found to be verminous the school nurse or teacher or school medical officer or school doctor will exclude and notice will be sent to the School Medical Officer.

2. The School Medical Officer will send preliminary notice giving necessary instructions for cleansing, and warning the parents or guardians that if treatment is not carried out in 24 hours action will be taken.
3. If still verminous at the end of 24 hours, after the parents have received the notice, the School Nurse or Teacher or School Doctor will report to the School Medical Officer who will give an order for the child to be taken away and cleansed.
4. In the event of the child again becoming verminous, the School Nurse or School Doctor will report to the School Medical Officer, and action be taken.

Owing to the great difficulty experienced in obtaining cleanliness in schools, I would suggest that the Cardigan Education Committee make a special byelaw on the following lines:—

Each Child must be in a satisfactory condition to attend school. In the event of the child's condition being unsatisfactory the parents will be liable to a fine of 30s. or imprisonment.

The word "*Satisfactory*" means that the child is well and sufficiently clad with clean clothes, stockings, and boots or shoes, also that the child be clean in respect of body and head.

The word "*Clean*" means free from dirt, lice, vermin, nits, etc.

If byelaws of this kind are made by the Authority, more power is given for dealing with these children.

DEALING WITH INFECTIOUS DISEASES.

The following are Infectious Diseases, and are notifiable:—

Small Pox, Diphtheria (including Membranous Croup), Erysipelas, Cholera, Scarlet Fever, Typhus, Typhoid (Enteric Fever), Relapsing Fever, Cerebro-Spinal Fever, Measles, German Measles, Whooping Cough, Poliomyelitis, Ophthalmia, Tuberculosis, and Chicken Pox.

Children will be excluded for the above and also for the following non-notifiable diseases:—

Mumps, Ringworm, Scabies, Impetigo, Nits and Vermin, Body Lice.

EXCLUSION. NOTIFIABLE DISEASE. DUTY OF TEACHER.—

1. In the event of notifiable infectious disease occurring in the School the Head Teacher will report the names of infected children and contacts to the District Medical Officer of Health on Form A. and will exclude the children.

Form A. will be filled in triplicate : (a) To Parents ; (b) To District Medical Officer : (c) Retained by Head Teacher.

2. The names of children excluded either as infected or contacts will be reported weekly to the School Medical Officer on Form D., which will be filled in duplicate : (a) To the School Medical Officer ; and (b) Retained by Head Teacher. Both will be sent to the School Medical Officer, and (2) will be returned to Head Teacher after correction by the School Medical Officer.

3. Readmissions will be reported to the School Medical Officer on Form E., which will be filled in duplicate : (a) To the School Medical Officer ; (b) To be retained by the Head Teacher. Both forms to be sent to the School Medical Officer who will return Form (2) after correction.

4. In the event of an epidemic or low attendance due to Infectious Disease, the Head Teacher will communicate with the School Medical Officer, who will advise action.

NON-NOTIFIABLE DISEASE. DUTY OF HEADTEACHER.—

1. In the event of children suffering from non-notifiable Infectious disease, the headteacher will exclude and report the names on form " L ", which will be filled in duplicate, (1) to be sent to the S.M.O. (2) retained by the headteacher.

2. When the child has recovered from non-notifiable infectious disease, the headteacher will re-admit and report the names on Form " M ", which will be filled in duplicate, (a) to the S.M.O., and (b) to be retained by the headteacher.

DUTY OF DISTRICT MEDICAL OFFICER OF HEALTH. EXCLUSION.—

1. On receipt of form (a) from the headteacher, the District Medical Officer of Health will exclude the infected child and contact on form (b), which will be filled in in triplicate, (a) to parent, (b) to headteacher, and (c) retained by the D.M.O.H.

2. On receipt of notice signed by Medical Practitioner that children are no longer infectious, the District Medical Officer will fill in form "C" in triplicate, (a) to parents, (b) to headteacher, and (c) to be retained by the District Medical Officer.

CLOSURE OF SCHOOLS.

DUTY OF DISTRICT MEDICAL OFFICER.—In order to simplify school closure, arrangements have already been made to deal with the matter under Article 45 (b). This obviates the necessity of getting the two signatures of members of the Sanitary Authority.

On closure of school, the District Medical Officer will fill in form "F" in triplicate, (1) to the S.M.O. (2) to the headteacher, and (3) to be retained by the D.M.O.H.

The approval of the S.M.O. will be forwarded on receipt of form "F." I would point out that no power is given to the District Medical Officer of Health to close schools to prevent loss of grant owing to lowering of average attendance. This can only be done by the S.M.O.

SCHOOL MANAGERS.—Should the School Managers think it desirable to close the Schools on account of illness, Form "K." will be filled in duplicate: (a) To the S.M.O.; (b) To be retained by the Head Teacher.

Should the S.M.O. approve of the closure, approval Form "G." will be filled and sent to the Head Teacher.

It should be pointed out that school closure on account of infectious disease can only be effected by the S.M.O. or the D.M.O.H.

DUTY OF SCHOOL MEDICAL OFFICER.—

1. On receipt of Form "D." from Head Teacher the S.M.O. will correct and return No. 2 to the Head Teacher. No. 1 will be filed after the names have been sent to the School Nurse for following up.

2. On receipt of Form "E." from Head Teacher, the School Medical Officer will correct and return No. 2 to the Head Teacher, and No. 1 will be filed.

3. On receipt of Form "L." from the Head Teacher the S.M.O. will send confirmatory notice Form "N." excluding the child.

4. On receipt of Form "N." from the Head Teacher the S.M.O. will send confirmatory notice readmitting the child on Form "O."

5. On receipt of Form "F." from the District Medical Officer, the S.M.O. will confirm the closure on Form "G." : (1) to District Medical Officer, (2) Director of Education, (3) retained by the School Medical Officer.

6. Should the S.M.O. decide to close a school, notice will be sent to (1) Director of Education, (2) Head Teacher, (3) District Medical Officer, and (4) retained by the S.M.O.

In the past, only the numbers of Infectious Diseases have been returned to this Office. By arrangement with the District Medical Officers, in future the names of persons suffering from infectious diseases will be sent to this office, so that it will be possible, by means of school nurses, to follow up all cases of infectious diseases.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS AND SCHOOL NURSES.—School attendance for the most part is a medical problem. The School Attendance Department and the more systematic methods of education have been responsible for diminishing the number of children absent for non-medical reasons. At present the majority of children are absent on account of weather and so-called medical reasons. For this reason I submit that the more suitable person for following up these absentees is the School Nurse. Should the Attendance Officer be in your opinion an essential unit of the education service, I consider there should be much closer co-operation between the Attendance Officer and the School Nurse.

The advantages are as follows :—

To the School Nurse :

- (a). The School Attendance Officer will report non-notifiable diseases.
- (b). Cases of deaf, blind, physically and mentally defective children.
- (c). Children absent for medical reasons.
- (d). Children permanently unfit to attend school.
- (e). Children who have received treatment of defects.

To the Attendance Officer :

(a). The School Nurse will report children absent for non-medical reasons.

(b). The School Nurse will report children absent for medical reasons.

By making the School Nurse and Attendance Officer work together in this manner I feel sure that the question of attendance will become a negligible quantity.

The work of the Attendance Officer and the School Nurse overlap to a very great extent, and they cover the same ground.

SUGGESTION.—I would suggest that the Committee consider the advisability of appointing more school nurses, and gradually do away with attendance officers.

This has been tried in Pembrokeshire. A school nurse is employed instead of an attendance officer, and the attendance is said to have improved considerably.

The following is a list of infectious diseases both notifiable and non-notifiable, together with regulations for their control in the school.

Disease.	Children suffering from Disease stated in Col. 1.	Children living in tenements where Disease stated in Col. 1 occurred, i.e. Contacts.	
		Contacts who have previously suffered.	Contacts who have not previously suffered.
1	2	3	4
Small Pox	Excluded. Re-admitted upon receipt of notice from Medical Officer of Health	Excluded. Readmitted upon receipt of notice from Medical Officer of Health	Excluded. Readmitted upon receipt of notice from Medical Officer of Health
Scarlet Fever	Excluded. Readmitted upon receipt of notice from Medical Officer of Health. Min. period of exclusion 8 weeks	Not excluded	Excluded. Readmitted 10 days after date of disinfection as notified by the Medical Officer of Health

Disease. 1	Children suffering from Disease stated in Col. 1 2	Children living in tenements where Disease stated in Col. 1 occurred, i.e., Contacts	
		Contacts who have previously suffered 3	Contacts who have not previously suffered 4
Diphtheria	Excluded. Readmitted upon receipt of notice from Medical Officer of Health. Min. period of exclusion 8 weeks	Not excluded	Excluded. Readmitted 12 days after date of disinfection as notified by Medical Officer of Health
Measles and German Measles	Excluded. Readmitted 3 weeks from onset	Not excluded	Excluded. Readmitted 3 weeks from onset of primary case in tenement
Mumps	Excluded. Readmitted 3 weeks from onset	Not excluded	Excluded. Readmitted 3 weeks from onset of primary case in tenement
Chicken Pox	Excluded. Readmitted 3 weeks from onset	Not excluded	Excluded. Readmitted 3 weeks from onset of primary cases in tenement
Whooping Cough	Excluded. Readmitted 6 weeks from onset of "whoop"	Not excluded	Excluded. Readmitted 3 weeks from onset of primary case in tenement
Typhoid Fever	Excluded. Readmitted upon receipt of notice from M.O.H.	Not excluded	Not excluded
Erysipelas	Excluded. Readmitted upon receipt of notice from M.O.H.	Not excluded	Not excluded
Meningitis	Action in accordance with instructions received from M.O.H.	Not excluded	Not excluded
Poliomyelitis	Action in accordance with instructions received from M.O.H.	Not excluded	Not excluded

Disease 1	Children suffering from Disease stated in Col. 1 2	Children living in tenements where Disease stated in Col. 1 occurred, i.e., Contacts	
		Contacts who have previously suffered 3	Contacts who have not previously suffered 4
Tuberculosis	Action in accordance with instructions re- ceived from M.O.H	Not excluded	Not excluded
Influenza	Excluded. Readmitted 1 week after temper- ature becomes nor- mal	Excluded, and if patient has been iso- lated, readmitted five days after isola- tion. If patient has not been isolated, readmitted one week after temperature has become normal	

INFECTIOUS SKIN DISEASE.

Disease 1	Exclusion of children suffering from disease stated in Col. 1. 2
Ringworm	Excluded. Re-admitted upon receipt of notice from Head Teacher
Scabies	Excluded. Re-admitted upon receipt of notice from Head Teacher
Impetigo	Excluded. Re-admitted upon receipt of letter from Head Teacher

INFECTIOUS EYE DISEASES.

Disease. 1	Exclusion of children suffering from disease stated in Col. 1. 2
Ophthalmia	Excluded. Re-admitted upon receipt of notice from Head Teacher

VERMINOUS CONDITION.

Disease. 1	Exclusion of children suffering from the conditions stated in Col. 1. 2
Body Lice Head Lice Nits	Excluded. Re-admitted upon receipt of notice from Head Teacher

For the guidance of teachers, the following is a summary of Common Infectious Diseases:—

SCARLET FEVER.—The onset is sudden and characterised by sore throat, shivering, sickness, vomiting, headache, feverishness, flushing of the face. The rash is scarlet and usually appears on the second day of illness, first on the chest, afterwards spreading to the body, arms and legs. Peeling commences about the root of the neck towards the end of the first week of illness, or it may be later.

DIPHTHERIA.—The onset is gradual. The patient complains of sore throat and headache, and is feverish. The neck glands are enlarged.

MEASLES.—The onset is gradual, shivering, sneezing, running from the nose and eyes being prominent signs. The child is listless and the rash appears on the face, body and extremities, usually on the fourth day of illness.

GERMAN MEASLES.—A mild disease, of which usually the first evidence is a reddish pink rash appearing on the face, body, arms and legs.

MUMPS.—The child is feverish for a few days and then complains of pain in the jaw, especially on eating. Afterwards there is a swelling and tenderness on one or both sides of the face.

CHICKEN POX.—Characterised by small glistening, watery pimples on the face and body. These scab over after a few days and later fall off.

WHOOPING COUGH.—The child coughs until it is out of breath. This is followed by the “Whoop” which is caused by the child drawing in its breath, and is characteristic and unmistakable when once heard.

TUBERCULOSIS.—Tuberculosis may effect any organ of the body *e.g.*, the lungs, the glands, the bones, the joints, the bowels, the brain, etc. The following symptoms may point to the commencement of tuberculosis :—

Loss of Energy—becoming tired on slight or ordinary exertion.

Loss of flesh—without apparent cause.

Indigestion—especially if accompanied with loss of flesh; bloodlessness or *anæmia*.

If the lungs are affected—cough, blood spitting, pain in the chest or side, shortness of breath,

If the glands are affected—swelling of the glands, usually without much tenderness at first.

If a bone is affected—swelling and pain on movement of the joint.

If the bowels are affected—loss of appetite and indefinite abdominal pain.

If the brain is affected—restlessness, headache, sickness, with perhaps a convulsion.

RINGWORM (of the body).—Characterised by a ring-like dry scaly patch of pinkish or yellowish brown colour.

RINGWORM (of the scalp).—May be general or patchy, characterised by scurfiness, by the breaking off of the hair, and by short, stumpy hairs appearing on the affected parts.

SCABIES (Itch).—Usually begins between the fingers and toes and may spread all over the body. It is an eruption due to an insect and is made up of small, raised, reddish points often scabbed over. The burrow along with the insect has moved, from one resting place to another may often be recognised as a short, dark line. Excessive scratching by the patient when the affected parts become warm is a characteristic.

EXZEMA.—The extent of the skin involved may be a spot or a large area. There is itching, smarting or burning, and a raw red surface exuding a clear milky fluid which dries into scabs.

IMPETIGO.—Usually seen on the mouth, nose or chin, or the back of the head (when the head louse is usually the cause). Much like excema in appearance.

The Head Teacher, on exclusion of a scholar from infectious disease, will give the child a paper of instructions dealing with the particular disease the child is suffering from.

Cases of Tuberculosis will be examined by the Tuberculosis Officer, who will report the condition of the patient to the School Medical Officer, and state whether the child should be excluded from School.

Treatment at a Sanatorium can be obtained for children if parents are insured through the National Health Insurance Department, on the recommendation of Dr. Lloyd.

A register of Tubercular children will be kept in office from weekly report of Tuberculosis Officer.

ARRANGEMENTS FOR DISINFECTION OF SCHOOLS — Arrangements have been made with the several Local Authorities for carrying out the Disinfection of the Schools as the occasion arises, at a fee of 10/- per room.

DULL AND BACKWARD, MENTALLY DEFECTIVE AND EPILEPTIC CHILDREN.

The head teacher and school nurse will report to the School Medical Officer any backward and dull children in the school.

At the Medical Inspection these children, if not routine, will be brought forward as special cases.

Mentally defective children will be reported by the Head teacher, Attendance Officer or School Nurse to the School Medical Officer, and the special form returned which will be completed at the Medical Inspection by the School Medical Officer.

DUTIES OF EDUCATION AUTHORITIES UNDER THE MENTAL DEFICIENCY ACT, 1913 :—

1. To ascertain the existence of Mental Deficients of such kind or degree as to justify the diagnosis of feeble mindedness, imbecility or idiocy.

2. To determine whether a child diagnosed as feeble minded is capable of benefiting by Education in a Special School.

3. To notify to the Local Authority under the Mental Deficiency Act any defective child over the age of seven who falls into one of the following categories :—

- (a). Not capable of benefiting from education in special schools.
- (b). Those who cannot be instructed in special schools without detriment to other children.
- (c). Those who are certified by the Board of Education to require supervision or guardianship under the Mental Deficiency Act, and
- (d). Those who, after leaving the Special School, need Institutional Treatment or Guardianship.

In order to decide upon and examine these defectives, certifying officers should be appointed. Of these the School Medical Officer must be one, and I would suggest that the Assistant School Doctor appointed should be the other Certifying Officer.

Reports will be made to the Education Authority by the Medical Department on all children, who :—

1. Cannot be instructed in a Special School and class without detriment to the interests of the other children. .
2. Who are incapable of receiving further benefit from instruction in a special school or class under the Elementary Education Act, 1899.
3. Who are incapable of receiving benefit from instruction in a Special School or class under the Elementary Education Act, 1899.
4. Those who are feeble-minded but not incapable of receiving benefit from instruction in a Special School or Class.
5. Those who are not incapable of receiving benefit from instruction in an ordinary Public Elementary School.
6. Those who are not capable of receiving benefit in an ordinary Elementary School, but would receive benefit in a Special School.

Visitors must be appointed by the Education Authority to visit the children in Special Schools at least once a year.

SUGGESTION.—Special classes for dull and backward children might be started at the larger schools, and that this county combine with other county or counties to form joint institutions.

DEAF, DUMB, AND BLIND CHILDREN.—Headteachers, Attendance Officers, and School Nurses will report cases of deaf, dumb, and blind children to the S. M. O. Should the cases not be routine cases they will be regarded as special cases, and will be examined at the medical inspection.

A report from the School Doctor, and in the case of deaf, dumb, and blind children, a report from the Headteacher will be necessary.

Returns will be made to the Education Authority as follows :—

“This child is incapable of receiving benefit from an ordinary Elementary School owing to deafness, dumbness, or blindness, and I would recommend that he be sent to a Special School.

PHYSICALLY DEFECTIVE.—Children who are physically defective should be sent to Special Schools. This does not apply to those children who have very slight physical defect, such as slight curvature of the spine. The latter case could be included in the ordinary physical culture class. All names of physically defective children should be notified to the School Medical Officer by the Attendance Officers, Headteachers, or School Nurses.

THE NEED FOR SPECIAL SCHOOLS.—There are approximately 12 schools for Mentally Defectives certified as Special Schools by the Board of Education.

The difficulty experienced in obtaining admission for a Defective to these Institutions is very great. Some of the Institutions are for special counties, some for certain religions, and some for special cases.

I would urge the Authority to consider the advisability of starting Special Schools for Physically Defectives, blind and deaf and mentally defective children.

The number of defective children would not justify the Authority in starting on their own and setting up an Institution.

Arrangements might be made with Carmarthenshire and Pembrokeshire, or the Counties of Mid Wales for forming Joint Counties Institution. Besides the difficulties involved above, there are the advantages of having a Welsh Institution for the Welsh, and in addition the children would be nearer home and could be visited by their parents.

The necessity for taking action in respect of defectives cannot be impressed upon you too strongly. It is essential that the children who have had the misfortune to be born in a defective condition should have some opportunity offered to them of making themselves fairly respectable members of the community.

The Institution, if formed by the Joint Counties, would necessarily be a boarding school. The numbers of Defectives in each district would not justify the formation of a Day School.

SUGGESTION.—I would suggest that arrangements be made with other Welsh Counties for the formation of a Joint Counties Institution.

PRESENT ARRANGEMENTS.—

Mentally Defectives.—Application is made to the several schools certified by the Board of Education.

Deaf, Dumb, and Blind. —Application is made to the Special School at Swansea.

Physically Defective.—No arrangements have been made by the County. At the Lord Treloar Cripple Home at Alton, however, there is a bed called the Cardiganshire Bed, maintained by voluntary contributions.

PROVISION OF SCHOOL MEALS. As requested by the Education Committee I have made enquiries at all the Schools in the County re the provision of School Meals, and have the honour to report as follows :—

Seventy-eight schools either do nothing or provide hot water or tea or cocoa. In most cases children bring their tea in jugs and allow them to stew before the fire.

Five schools supply vegetable soup, one with meat, which is begged from neighbours.

One school gets hot meals from November to April. Two sheeps' heads with vegetables are supplied on Monday, Wednesday, and Friday, and two rabbits on Tuesday and Thursday.

The room under the school is used, and a woman is employed at 10/- a week to cook. All the cost is borne by a lady in the neighbourhood.

Two schools supply a joint and pudding on days when cooking classes are held at the schools.

The rest of the children either go to houses in the villages or do not need midday meals owing to their not being in school for the midday meal.

SUGGESTIONS.—The following are a few suggestions made by headteachers.

1. *Llechryd*.—A Y.M.C.A. has been erected near the school with all modern conveniences, including stove, table, boiler, cooking utensils, etc. This could be utilized for midday meals. The Committee would in all probability meet the Education Committee. The teachers might supervise and a woman could be employed to cook the meals.

2. *Gartheli*.—At this school one cup of tea is provided. This is not sufficient, as the headteacher feels sure that the majority of the children get no dinner when they get home. He suggests that a more substantial meal be provided.

3. *Trefeurig*.—The headteacher suggests that hot midday meals be possible if :—

(a). A suitable fire-place were provided.

(b). A cauldron.

(c). Utensils.

(d). Full staff of teachers.

(e). Parents were to pay a little towards meat for soup.

4. *Penparke*.—In this school, soup is provided and meat and bones are begged.

DIFFICULTIES.—Provision of vegetables, and a person to supervise, as parents object to girls helping.

SUGGESTION.—The employment of a woman in a separate room to provide the meals. Rhydyfelin Institute has provided a boiler which is kept in the Lobby.

5. *Borth Council*.—The headteacher considers that children do not take sufficient or necessary nourishment. He considers provision should be made for a hot midday meal. This could be arranged in a school adequately staffed.

The necessity for providing a midday meal at school on well organised lines is very great.

On visiting the school for the purpose of Medical Inspection this is all the more emphasized. At midday the children gather round the stove or walk round the playground and munch at their bread. There is no attempt at eating with any degree of decency.

The ill-nourished condition of some of the children is remarkable when one considers that the majority of the children come from country districts where farm produce should be easy to obtain.

At several of the schools I have asked the children what they get for their various meals, and the reply is the same in most of the cases. "Bread and butter and tea for breakfast, dinner, tea and supper." In some cases, bacon thickly cut, as it is thought to be more economical, is provided. The parents agree that tea is the favourite diet in this county.

The practice of placing the jug before the fire to heat gradually and so stew, is abominable. By stewing the tea the poisonous alkaloids from the leaves come into solution.

POWER OF PROVIDING MIDDAY MEALS.—Power as been given to Education Authorities for providing midday meals under the "Provision of Meals Act, 1907-14.

The Act provides for the following :—

1. The formation of a Canteen Committee.
2. No limit to number or expense.
3. Those willing and able to pay should do so.
4. Those unable to pay, and those who although able, do not give the proper food, are provided free or at reduced cost.

WHICH MEAL SHOULD BE PROVIDED.—In Cardiganshire there can be no doubt but that the midday meal is the most necessary and the most workable meal to be provided.

In very many cases the children have to walk many miles to school and this necessitates an early breakfast. In some cases parents cannot be relied upon to provide a sufficient meal on the return of the children from school.

Those who will oppose the provision of midday meals will do so on the ground that it is not the duty of the State.

The State has made Education compulsory even for underfed and illnourished children, and it is the duty of the State to see that the children are well fed and in such condition as not only to be able to attend school, but also to receive sufficient benefit from their education.

If provided, a further objection is that it takes away the responsibility of the parents. This objection is held only as long as voluntary subscriptions are available.

If the principle alone is condemned, it is obviously the duty of the State to see that each child compelled to attend school is in physically fit state to do so. Whether the State is responsible for the child or no, one thing is necessary, and that is, that the child should be fed. There are many children who are backward in their work owing to the fact that the teacher cannot press the child to work owing to its physical state.

TYPES OF CHILDREN TO BE FED FREE.—There are two main classes of children who should be fed at school :—

1. The poor children, who cannot receive sufficient nourishment and food owing to the poverty of the parents.
2. The children, who although they receive food of a sort, do not receive the proper kind of food and are consequently illnourished.

CHILDREN WHO CAN AFFORD TO PAY.—Children who are compelled to stay in school for their midday meals should also be allowed, on payment, to receive the midday meal.

TYPE OF MEALS.—When providing a midday meal the Education Committee must not imagine that every thing which is hot is nourishing. This is the case in many schools where soup is provided.

Any meal provided should not only be sufficient in quantity, but should contain the right constituents necessary for nourishment.

The ordinary sufficient food is made up of the following constituents :—

1. Carbohydrates, *e.g.*, bread, sugar, etc.

2. Fats.
3. Proteids, *e.g.*, meat.
4. Salts.
5. Water.
6. And a substance called "Vitamine," the composition of which is not known, but which prevents scurvy, rickets, beri beri, etc.

Of these constituents, 3 and 6 are necessary to life, especially is this so in the case of the growing child, so that in providing a meal, No. 3 and No. 6 should be included.

Cocoa, which is provided in some schools, is valuable as a food, in proportion to the quantity of milk with which it is made.

THE OBJECT.—The objects of providing midday meals are two-fold :—

1. In order that the children may be well nourished.
2. In order that the children may be taught to take their meals in a proper manner.

The midday meal should be a lesson in table manners. The table should be set out properly with tablecloth and the necessary table utensils.

A teacher should always be present to supervise the meals, and the older girls should be appointed monitors and take duty in rotation.

FACILITIES.—The majority of the schools have at the present time very poor accommodation for the provision of meals. Many of the fire places are so small that they are unable to hold a large kettle. In schools where ranges are supplied for cooking classes there should be no appreciable difficulty in providing the meals. In other schools gas or oil stoves can be provided for cooking purposes.

Room.—In the large schools a room might be arranged for as dining room. In the smaller schools where a room is not available there are two alternatives :—

1. Provision of a building.
2. Arrangements with someone in the village to provide the meals.

CANTEEN COMMITTEE.—At each school a Canteen Committee should be formed. This should include :—

1. The County Councillors resident in the district.
2. The Head Teacher.
3. Some of the parents.
4. Any ladies interested in the work.

This committee should be made responsible for the school meals. Application for free meals, etc., should be made to this committee.

APPLICATION FOR MEALS.—Application for meals should be made to the Canteen Committee by the parents or teachers.

The Committee should formulate a sliding scale in order to facilitate their decisions.

The School Medical Officer should be empowered to organise the school meals and also :—

1. To suggest the names of ill-nourished children.
2. He should be consulted *re* diet and meals.
3. He should inspect the meals.
4. He should be consulted in all cases of doubt.

COST.—In days before the war a two-course meal could be provided at a cost of $1\frac{1}{2}$ d.—2d. At the present time the cost would be trebled.

The amount of nourishment necessary for a ten-year old child should include 39 grams of proteid per day. As it is impossible to rely upon the child receiving proper nourishment at home, I would suggest that at least 19·5 grams should be provided at the midday meals.

SUGGESTION.—I would therefore make the following suggestions :

1. That midday meals be provided at school.
2. That the necessitous and ill-nourished be fed at school free of cost.
3. That facilities for receiving midday meals at school be given to all on payment.
4. That a Canteen Committee be formed for each school, with power to act.
5. That the School Medical Officer be empowered to organize and inspect the meals and make suggestions.
6. That a Cookery Mistress be appointed to make Menus in consultation with the School Medical Officer.

NURSERY SCHOOLS.—Nursery Schools are provided for Infants from two years of age up to five or six years.

The Act lays no duty upon the Authority to provide Nursery Schools, but simply gives power to make arrangements for them or aiding their supply.

Attendance at Nursery Schools is not compulsory.

Nursery Schools may be provided, privately, independently of the Education Authority, and power is given to the Board of Education to give grants to such schools.

Three kinds of Nursery Schools may be provided :—

1. Those provided by Local Education Authorities.
2. Those provided by Voluntary Bodies and aided by the Local Education Authority.
3. Those provided by Voluntary Bodies and aided by the Board of Education.

The provision of Nursery Schools will take a great strain off the poorer working class Mothers upon whom fall all the duties of the house as well as the care of the children.

It is claimed that the provision of Nursery Schools takes away Parental Responsibility, but the results of well-to-do houses show that the claim is groundless.

In the management of these schools the responsibility of the Matron is great. Upon her tact and foresight depends the success of the Nursery Schools.

In this County, Nursery Schools could be instituted in the seven larger centres.

The Building should be separate from the Elementary School. The Nursery School is on a higher standard than a Creche.

MEDICAL INSPECTION AND TREATMENT.—It is of great importance that the medical defects should be attended to at as early a date as possible. Medical Inspection will be made at the Nursery Schools, and advice given and treatment offered.

SCHOOL CLEANING.—Some of the Schools in the County are in a very dirty condition. Some new standard method of cleaning should be adopted, *e.g.* Vaccum Cleaner or Oil Cleaners.

Floors are washed in the majority of schools once a quarter, or four times a year. Dry sweeping is the rule in most of the schools. When it is remembered that dust conveys harmful and infectious organisms, the futility of dry sweeping will be realized. By dry sweeping the dust is merely disturbed and moved into the air and deposited into different parts of the room.

SUGGESTION.—I would suggest that the floors be scrubbed with soap and water at least once a month.

That dry sweeping be discontinued and either Vaccum Cleaners or Oil Clearers be substituted. Failing these, that some liquid disinfectant be supplied to each school for distribution on the floors before sweeping.

OPEN AIR SCHOOLS.—The great importance of Fresh Air in the prevention and cure of disease has of late years been fully realized.

Fresh Air, as such, must be considered in two different categories.

1. Fresh air as a preventive of disease, and
2. Fresh air as a curative of disease.

The old fashioned school was a hot-bed of disease. The amount of air allowed to enter was a negligible and neglected quantity.

1. Before dealing with the curative quality of fresh air, one should pay attention to the preventive quality of fresh air in disease.

In my opinion, insufficient fresh air is permitted in the Elementary Schools. The windows which can be opened are not sufficient to allow the air in the room to be continually fresh.

I would therefore advise that the modern Schools be reconstructed by opening out on one side. By this means fresh air will have an uninterrupted passage to every part of the school.

2. In dealing with the fresh air as a curative, we are dealing with Open Air Schools as Sanatoria.

It is sufficiently obvious that in this County day Open Air Schools would not be practical. If open air schools are to be formed, as they should be for the cure of disease, boarding schools are the only solution.

A central open air school should be provided for this County.

TYPES OF CHILDREN SENT TO THE OPEN AIR SCHOOL.—The Education in an open air school differs from that in ordinary elementary schools not only in the amount of fresh air received but also in the different curriculum. Less formal instructions is given, and more rest. Good and sufficient food is given and mental and physical fatigue prevented.

The type of child to be admitted to the open air school will be those children suffering from Anæmia, Tuberculosis (in all forms) debilitated, Pulmonary conditions (other than Tuberculosis,) Heart Disease, etc.

The staff should include nurses, besides the elementary teachers. The school would necessarily be under the supervision of the School Medical Officer.

Should the necessity for an open air school not justify its formation in Cardiganshire alone the central counties of Wales might amalgamate and form one jointly.

Therefore in dealing with the question of Open Air Schools, *I beg to suggest that* :—

1. All schools throughout the County should be altered so as to make the classrooms open to the air, and
2. A special Open Air School or Schools should be provided for the weakly, illnourished and tuberculosis children,

OR

1. The opening out of all existing schools and thereby preventing disease, and
2. The formation of open air schools for the cure of disease.

SCHOOL CAMPS.—Children taught in Elementary Schools lack the spirit which is instilled into pupils taught at Public Schools.

This *esprit de corps* can be supplied to a great extent by means of school camps. In order to make the arrangements for school camps, I would suggest :—

1. That the Local Education Committee combine with the Boy Scouts organization and send their boys to camp with the Boy Scouts under the supervision of the Scout Master.

2. The schools of Cardiganshire are placed (1) on the seaboard (2) in the inland country. *Arrangements for school camps could be made by allowing children from inland schools to change with the children in seaboard schools. The school building could be used for sleeping accommodation. A teacher or voluntary helper could assist in the supervision of the camp. *Scheme attached at end of Report.

LESSONS IN ELEMENTARY PUBLIC HEALTH AND HYGIENE.—The knowledge of Public Health and Hygiene in the County is for the most part negligible.

Lessons in Public Health should be part of the school routine. In order that this may be carried out it is essential that all teachers appointed to elementary schools be able to teach this subject, and I consider the training of a teacher is incomplete without such a knowledge.

Public Health in the schools cannot be satisfactory without the co-operation of the Headteachers. In many cases I have found the knowledge of hygiene and public health amongst the teachers to be very inadequate or absent.

In order that the teachers might have a good grounding in Public Health, I would suggest that, all Training Colleges, etc., include in their syllabus a course in Public Health, and that every new teacher appointed should produce evidence of having attended such a course, also that lessons in Public Health and Hygiene be part of the regular school routine.

Section A.III. (j) (i) Holiday Camps with a more advanced curriculum but on similar lines to the arrangements given in Section D. IV I. (a) ii.

Section D.IV. 1 (a) ii. Mynydd Bach with its southern extension beyond the Vale of Aeron, and the hills to the north of the Ystwyth divide Cardiganshire from north to south, into two long narrow strips of country, the hills separating the eastern inland district from the other district which faces the seaboard. Holiday camps, arranged on the seaboard and in the interior part of the county would offer an exchange of experience to the school children of the two districts, provide opportunities for teaching local history and geography under pleasant conditions, give healthy exercise during the rambles, teach the children self control when removed from home discipline, and give a holiday away from their own district to many children who would not otherwise obtain one.

Besides taking children from the seaside into inland parts and those from inland to the seaboard, an effort will be made to arrange that children from urban districts shall exchange with children from rural districts; rural seaboard districts being available at Verwig, Aberporth, Aterarth, Llanon, and Llanrhystyd.

At first it will probably be necessary to confine the holiday camps to children of 12 years of age and over. The camps will be at selected schools, the classrooms being used as dormitories. The sympathy and help of social workers, and the ministers of religion in each locality will be an asset which can be counted upon to make every holiday camp a success.

The cookery instructresses and nurses are available for organising and superintending the domestic arrangements. Teachers will be appointed to organise the teaching of local geography, history, nature lessons, physical training, games, etc.

The Committee will provide the accommodation and instruction. The parents will pay the expenses of travelling to and from the camp, contribute towards the cost of food, and provide the child with blankets, a towel, cup and saucer, plates, knife, fork, and a spoon.

Three camps to be held annually, each for a period of one week : (a) during Whitsun ; (b) during the first week in August ; (c) during the second week in August. The Whitsun camp will be for girls only, that held the first week in August will be confined to boys, and the camp during the second week in August will be available for boys or girls, some camps being allocated during that week to boys only and others for girls.

Application for accommodation at holiday camps have to be made by the head teachers on behalf of the children on forms supplied to each school and sent to the Director of Education at least three weeks before the date of the camp.

The children from any district have to be directed by the head teacher to appoint a prefect for every section of six children, who will be responsible for his section to his head teacher in charge of the camp.

The child will be expected to take part in keeping the camp in order, and as much time as possible will be spent in the open air.

Seaboard centres for camps can be available from the following list:—Borth, Aberystwyth, Llanrhystyd, Llanan, Aberarth, New Quay, Aberporth, Verwig, Cardigan, and St. Dogmaels.

Inland centres at Goginan, Ponterwyd, Devil's Bridge, Ysbytty Ystwyth, Llanafan, Pontrhydfendigaid, Swyddffynon, Penuwch, Tregaron, Llanddewibrefi, Bronant, Lampeter, Llan-geitho, Felinfach, Cribyn, Newcourt, Llandyssul, Rhydlewys, Llanwnen, Glynarthen, and Adpar.

My thanks are due to Mr. Saer, the Alexandra Road Boys' Council School, for his help in preparing the Scheme for School Camping.